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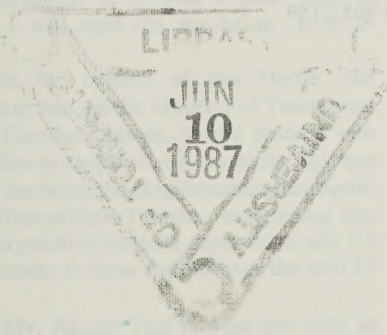
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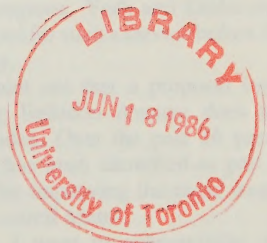
Official Report of Debates

Legislative Assembly of Ontario



Second Session, 33rd Parliament
Thursday, June 5, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC





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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, June 5, 1986

The House met at 10 a.m.

Prayers.

ORDERS OF THE DAY

PRIVATE MEMBERS' PUBLIC BUSINESS

RAPID TRANSIT

Mr. Gregory: I am delighted to see the government, House leader here to listen—

Hon. Mr. Nixon: I am not voting for it.

Mr. Gregory: Maybe I will convince him after my 20-minute speech.

Mr. Speaker: Will the member read his resolution, please?

Mr. Gregory: It is with a great deal of pleasure I will read my resolution. It is as follows:

That in the opinion of this House, the government through the Ministry of Transportation and Communications, should proceed with construction of a rapid transit line along Eglinton Avenue, servicing the neighbouring municipalities of Metropolitan Toronto, recognizing that another population boom is expected to add 1.5 million people to these regions over the next 15 years.

Hon. Mr. Nixon: That is what one calls an amended motion.

Mr. Gregory: Mr. Speaker, as you know, as is the practice with the Clerk of the House when a motion is submitted to him, some editing is done for purposes of printing cost, I expect. I did express this concern to the Clerk. I will be happy to read the motion as it is stated in Orders and Notices and then follow in my remarks with my full motion.

Mr. Gregory moved resolution 38:

That in the opinion of this House, recognizing the population boom to be expected in the neighbouring regions of Metropolitan Toronto in the immediate future, the government should proceed with the construction of a rapid transit line along Eglinton Avenue, servicing those neighbouring municipalities.

Mr. Gregory: That is the wording of the motion as it appears on the order paper.

Mr. Speaker: The honourable member has up to 20 minutes for his presentation, and he may reserve any portion of it for the windup.

Mr. Gregory: May I speak for 15 minutes and reserve five minutes? Perhaps someone can warn me at that time.

As I began in the beginning:

That in the opinion of this House, the government, through the Ministry of Transportation and Communications, should proceed with construction of a rapid transit line along Eglinton Avenue, servicing the neighbouring municipalities of Metropolitan Toronto, recognizing that another population boom is expected to add 1.5 million people to these regions over the next 15 years.

Twenty-six years of background information can be found that supports public transit improvements in the greatest-demand areas, identifying in all cases the Eglinton corridor in west-central Metro. The Eglinton line will create a pattern of stability within which seriously planned development and redevelopment can be created by each municipality through which Eglinton Avenue passes. Construction of the Eglinton line is vital to Metro's good health. Metro will be strengthened, both by internally servicing its own population and industry more efficiently and by providing the broadest access to all municipalities within any surrounding Metro borders.

In proposing this resolution, I hope to demonstrate to members of this Legislature, and particularly to the Minister of Transportation and Communications (Mr. Fulton), the benefits of an Eglinton rapid transit line for Mississauga, Metro and surrounding regions, York and Etobicoke, and to show the need for such a service before the turn of the century.

To begin, I point out that a proposal for a transit line along Eglinton Avenue does not represent a new idea. Over the past 26 years, Eglinton Avenue has been identified as part of many proposals for improving the rapid transit network in west-central Metro.

At this point, I want to acknowledge the presence in the gallery of Mrs. McDowell, whose extensive research on this matter has led me to gain even more interest in the project. The

research this lady has done on the history of Eglinton Avenue, covering not only the past 26 years but also many more years dating back to the 1800s, is very impressive.

The growing transportation crisis in the greater Toronto area, especially at the Peel-Metro boundary, has become increasingly evident during the past few years. The roots of the problem lie in the population and employment growth patterns and the resulting travel implications. To provide a clearer understanding of the growth patterns, it is necessary that I incorporate in my comments some facts and figures.

During the past 10 years, the population and the labour force in the region of Peel have increased by 61 per cent and 89 per cent. During this period, total person-trips eastbound at the morning peak period have increased steadily by 76 per cent, this in spite of internal employment growth of 73 per cent for the same period.

It is estimated that about 664,000 person-trips cross the Peel-Metro boundary in both directions between 7 a.m. and 7 p.m. each day: eight per cent by bus, four per cent by commuter rail and 88 per cent by car. During the morning peak period, 7 a.m. to 9 a.m., about 50,000 and 89,000 person-trips cross the boundary west-bound and eastbound.

These figures show there is significant traffic volume in both directions across the Peel-Metro boundary. The 73 per cent employment growth in Peel further highlights this point.

Projected population and employment growth for the Toronto region indicates a large expected increase in travel volumes across the boundary. Metro Toronto is foreseen to experience slow population growth while more than half the population growth in the Toronto region is expected to occur in Peel-Halton, with 27 per cent in York and 14 per cent in Durham.

Metro will continue to experience employment growth which will predominantly be filled by non-Toronto residents, and particularly by Peel residents. Peel employment will also increase, but the labour force is not expected to increase at the same rate, resulting in continued imbalance in the regional patterns of population and employment distributions. The travel implications of the projected population and employment growth for the Toronto region are going to require significant improvements to the existing transportation network.

A 1981 study investigated the feasibility of increasing the number of lanes from Mississauga at the Etobicoke boundary to accommodate further traffic flow to Metro. The study con-

cludes that travel at the boundary is going to increase so dramatically over the next 25 years that it is expected to quadruple by the year 2011, while the capacity of the road system, currently at or near full capacity, cannot be expanded in any significant way.

10:10 a.m.

One of the key solutions to the problem is to stimulate a shift in modal split across the boundary in favour of transit. An Eglinton rapid transit line would contribute significantly towards achieving this objective. The existing and growth figures referred to earlier indicate high ridership levels, which are necessary to ensure that operation of the service is economically feasible. Ridership will inevitably increase as many will shift from auto trips to transit given the road network, already at capacity, not being able to accommodate the forecast auto demand by the year 2011.

The Eglinton rapid transit line will have many benefits to both Metro and the surrounding regions. These benefits further justify early implementation of the line. Some of the more significant benefits are summarized as follows.

An Eglinton rapid transit line will enhance the economic development objectives of Metro by supplying the required labour force to compensate for the growing imbalance between the resident labour force and job demand. It will also support the development of two major traffic generators, namely, the Mississauga City Centre and Pearson International Airport, where about 10,000 and 12,000 jobs currently are located. The Mississauga City Centre is the only major centre not now served by a major transit service.

The line will increase in general the modal split in favour of transit, which leads to greater fuel efficiency and conservation of energy. It will also be the only rapid transit line directly serving five local municipalities: the cities of Toronto, North York, York, Etobicoke and Mississauga.

Other benefits of the Eglinton rapid transit line include improved transit accessibility in the northwest quadrant of Metro Toronto, which is completely devoid of any rapid transit facility at present. The Eglinton line will be the first rapid transit facility in the city of York, which is the only municipality in Metro Toronto not served by at least one rapid transit line.

It will improve the functioning of the Bloor-Danforth subway by reducing its peak loads west of St. George station while also providing a good alternative route to passengers in instance of breakdown on the Bloor-Danforth line.

The Eglinton line will move the centre of gravity of the Metro rapid transit network farther to the northwest, which is compatible with the direction of urban development. The level of service along the roads at the Peel-Metro boundary and overall traffic conditions will be improved by diverting some auto trips to transit.

In my opinion, which I believe is supported by other members of this Legislature, the above-mentioned merits are more than enough to justify that an Eglinton rapid transit line should be built ahead of all other plans. It should also be noted that the Board of Trade of Metropolitan Toronto supported the Eglinton line as a top priority in its recent submission to Metro Toronto council's transportation committee.

I also point out that the Network 2011 report was prepared without an invitation for representation or input from Peel. Of the five recommended priorities, only one penetrates beyond the Metro boundary: the Eglinton facility. In my judgement, the implications of Metro's recommendations will have a serious impact on Peel and the city of Mississauga, and the cities of York and Etobicoke will suffer from delayed improvements of transit service along Eglinton Avenue. The Metro report has downplayed the concerns of its surrounding regions, on which Metro depends for its employment growth.

Further, the Minister of Transportation and Communications should be commended for his recent announcement that he intends to implement a recommendation put to him by Peel, York and Etobicoke to establish a joint committee to evaluate all major transportation decisions prior to any statement concerning the Network 2011 report. I am very encouraged by the minister's statement and feel it brings good news for our cause.

Whether the province funds 75 per cent of the cost, as recent reports have indicated may not be the case, it is certain the province will pay a fair share of the \$2.7-billion cost of the construction of all three Network 2011 proposals. For this reason, I believe any further transportation improvements must promote a balance between the municipalities and regions. The province's role in assessing and evaluating Metro's report is therefore extremely important, not only to Metro but also to all the surrounding municipalities.

With this resolution, I am hoping to convince the province through the Minister of Transportation and Communications that there is an urgent need for the Eglinton West rapid transit line.

Mr. Speaker, I do not know how much time I have left.

The Deputy Speaker: You have eight minutes and 28 seconds.

Mr. Gregory: Fine. Thank you. I would like to go back and touch again on some of the points that are very important to this.

The Network 2011 plan does not adequately serve or take into account the transportation planning and development objectives of the surrounding regions, including the region of Peel. Interregional matters are not given significant weight in the selection of transit priorities. This is reflected in third priority for the Eglinton line.

There is currently a major deficiency of rapid transit service in northwest Metro, resulting in poor accessibility between Peel and Metro. The existing priority identified by the Network 2011 study will do little to change this situation for another 25 years. The Eglinton line provides the greatest improvement and new accessibility to rapid transit within two kilometres from the Spadina subway to the Mississauga City Centre, while the Sheppard and downtown lines have substantial overlap in their proposed transit service areas.

Northwest Metro has been subject to severe transportation impacts generated by the fastest overall growth in the province from Peel and Halton regions. During the past 10 years, the population and labour force in Peel have increased by 61 per cent and 89 per cent. During this period, total person-trips eastward during peak morning periods have increased steadily by 76 per cent. This increase has occurred in spite of internal employment growth of 73 per cent during the same period.

Metro Toronto population is foreseen to experience slow or no growth, while more than half the total population growth in Toronto region is expected to take place in Peel-Halton, with 27 per cent in York and 14 per cent in Durham. Population and employment growth will have serious travel implications if improved service is not granted to the existing Peel-Metro cross-boundary traffic network.

The Eglinton rapid transit line will have many benefits to Peel, Metro and the other surrounding regions. These benefits further justify early implementation of the line before the turn of the century and reflect a higher priority than is currently indicated in Metro's Network 2011 study.

I ask the members of all parties in the Legislature to consider this resolution seriously. I know my friend the member for Mississauga North (Mr. Offer) is going to take a very careful

look at it, since he and I share the boundary of our ridings on Eglinton Avenue. Naturally, he will be very susceptible to my idea. I request support of the members of the Legislature.

Mr. Speaker, I reserve my remaining five minutes for a summary later on.

10:20 a.m.

Mr. Rae: It is with considerable pleasure that I rise to take part in this discussion since it is a subject that has long been of interest to me and one for which I am glad to say the minister is here to listen. The member for Mississauga East (Mr. Gregory), who just moved the resolution, and I so rarely agree on anything that I thought it appropriate for me to be in the House today. I know leaders do not often participate in private members' resolutions, but since it is such a red-letter day when the Mississauga rattler and I can agree on anything, I am delighted to be here to be in support of his resolution.

The reason this debate is of greater significance than it will be given by observers in the media is that it allows this House, for the first time, to consider and debate what is going to be an increasingly important debate about the transportation priorities in the greater Toronto area, the broader area surrounding Metro. An agenda has been established in the document called Network 2011, put out in draft form by Metropolitan Toronto council, the transportation committee thereof, and the Toronto Transit Commission. We have conflicting and competing agendas being considered by Metro and by the provincial government. This debate gives us an opportunity in this House to begin to become more publicly involved in this process. It is with considerable pleasure that I do so as the member for York South.

I am delighted to see so many representatives of ratepayers from the city of York and from my constituency here today, as well as the aldermen, who are both here; it gives me real pleasure to see the degree of interest. It is fair to say that many people in the city of York feel, not only in terms of many other aspects of government planning but also when it comes to transportation, that the needs of the people of the city of York have been seriously and systematically underestimated by government. I rise to support the proposal with respect to a rapid transit line that would go west, using Eglinton Avenue as the basis for that line, for two reasons.

First, I am convinced that the focus for the setting of priorities on transit has to be broader than the boundaries that were established in 1953 when we set up the municipality of Metropolitan

Toronto. Second, I am convinced that we have to see rapid transit and the expansion of our subway system as an essential counterbalance to the tremendous inclination on the part of planners and other people to see highways and expressways as the answer to the problem. It is for these reasons that I rise to speak today.

With respect to the nature of development and planning, I do not rise simply as someone whose riding is to the west of Yonge Street. All of us who live west of Yonge Street can say we have a vested interest, as it were, in seeing that we get the transit line first or that we have higher priorities as opposed to some other part of Metro. That is not the nature of my intervention today.

The nature of my intervention is to say to the minister that when it comes to establishing the priorities, they have to be established at the provincial level and not simply by Metro Toronto. This is not simply a TTC decision or a Metro decision. This is a decision that has to be made in the broader context of what is happening to population, what is happening to growth, what is happening to development and what is happening to employment, not simply over the next couple of years but over the next 20 or 30 years.

As New Democrats, we are perhaps habitually prone to criticize, but let us look for a moment at the imagination and the commitment that went into the building of the existing TTC rapid transit system. A lot of imagination, a lot of planning, a lot of commitment and, if I may so, a lot of jobs went into the initial phase of transportation planning with respect to rapid transit decisions that took place 20 and 30 years ago. We are equally bound today to be imaginative and creative as we create the new rapid transit system that will be in place for the 21st century. Just as people then planned quite effectively and well, we have to do so today.

I say to the minister, this is not a time to be allowing one's priorities to be set simply on the basis of going to the province and saying, "The municipality of Metropolitan Toronto has a rapid transit organization and we have extensive capital needs; these are our needs," and having the province respond, "We can give you some of these, but we cannot give you all of them; here is a bit of this and a bit of that." This is not a time for a piecemeal solution. This is a time to sit down, not only with Metro but also with Peel.

I have written to the minister about this and attempted to speak to MPPs from all parties who share a similar interest and who recognize that the degree of population growth that is going to

take place west of Metro is astounding. The best-laid plans of mice and men often go awry. We do not know exactly how many, we do not know the numbers and we do not know what may change. We do know that today we have an area increasingly underserved in terms of the quality of its public transportation. It is underserved because so many of the people now living in Peel region work in Metro and have difficulty getting to Metro. Even those who are within Metropolitan Toronto, who live in York and Etobicoke, are underserved in terms of being able to get to the centre of town.

I said there were two reasons for my intervention. The first one has to do with the nature of development and planning and the fact that we are living in the greater Toronto area, where the boundaries that were established in 1953 begin to look increasingly artificial when we consider the transportation needs of these people.

It is up to the provincial government to establish that fact clearly and to demonstrate its leadership by saying very clearly to other levels of government, "We are going to co-ordinate the planning, and we are going to make the decision on the basis of what we think makes sense for greater Toronto and for the southern Ontario area in terms of a regional plan." It has to be a greater regional plan. It cannot simply be a plan that is determined by Metro in the interests of what it sees as the interests of 1985-86. The decision cannot simply be made on the basis of what looks as though it might be the case in 1986. It has to be based on what is going to happen and what is going to be the long-term trend.

Very briefly, in the time remaining to me, I want to say why I believe in a rapid transit line rather than the bus route, which is recommended to start in 1999 in the Network 2011 report, and why the rapid transit line is essential. Anybody who drives around today in this part of Ontario knows full well that planning has been so poor and the degree of concentration of economic growth in downtown Toronto has been so great that we face ever-increasing pressure on our roads and on our highways. There are ever-increasing demands with respect to the growth of expressways.

That is not the way to go. We have to look at a rapid transit route. We have to give the public a transit alternative. We have to make it clear that we cannot simply continue to clog our highways, our byways and our roads the way they are being clogged today. We have to deal with the problem with a continuing commitment to the expansion of the rapid transit system. This is a time for

imagination, a time for creativity and a time for public investment.

It may look as if it is going to cost some money—and I know the minister has looked at the dollars, raised his eyebrows and said, "My God, how can we possibly afford to do that?"—but I ask the minister how we can afford not to do it. We cannot afford not to have the kind of creativity and imagination that have gone into the building of a very good system of transportation, but one that drastically needs investment, drastically needs to be enriched and drastically needs to be improved.

This is a very good way to go. I commend the member for Mississauga East for giving us the opportunity to debate the matter today.

10:30 a.m.

Mr. Offer: I am pleased to rise and join in the debate on the resolution introduced by the member for Mississauga East. At the outset, it appears that the basis for this resolution stems from the Metro Toronto report known as Network 2011. This comprehensive report on the potential future of the greater Toronto area transportation matrix calls for a total expenditure of some \$2.7 billion and talks about a construction span of something in the neighbourhood of 28 years.

It is important to understand clearly at this juncture that this initiative is a Toronto Transit Commission proposal. Among other things, the proposal encompasses five routes of transportation systems in five areas where those systems should and might be increased. The five routes include the Sheppard subway. Second, it talks about a downtown relief line. The third, which has been alluded to so far today, is the Eglinton West rapid transit system. The fourth is a harbourfront light rail transit line. The fifth is a Spadina LRT line.

It is true that the provincial government is and should be very involved, in that its responsibility for this type of transportation system could amount to something in the vicinity of 75 per cent of the cost. However, it is also true that Network 2011 is at this point a TTC initiative. I believe it will be discussed next week by a joint committee meeting of Metro council. Whatever permeates from that meeting will be discussed by Metro council in the latter part of this month. Therefore, if this resolution is directed to what that decision ought to be, it may be a bit premature or presumptuous, on the basis that the questions have not yet even been put to the joint committee meeting.

Having said that, I have read the resolution very carefully, and it talks about proceeding with a rapid transit line along Eglinton Avenue. The resolution is silent, though, about when construction should proceed and with respect to how the line ought to be prioritized within the context of Network 2011. I am somewhat concerned about this silence, this vagueness. I agree with the member for Mississauga East that a rapid transit line along Eglinton Avenue is required, but one should discuss in greater detail how important this type of line is.

As the member for Mississauga North, I hope any discussion of the prioritization contained within Network 2011 by any of the people who make these decisions will take certain indisputable facts into account. We know that over the next 25 years, development within the greater Toronto area is expected to continue at a steady pace. The present population of 3.5 million is going to come close to five million. A lot of that growth is going to be found within the Peel region. Peel is going to set the pace, I believe, followed by the York and Durham regions.

Employment in the Peel region will make even greater gains. It is anticipated that within that time span, approximately one third of the new jobs will be in Peel, one third in Metro Toronto and one third in the remaining regions. It is important to keep in mind the great demands we are going to have from areas to the west, from the Peel region in particular. Peel is a region of monumental growth, varied business activity and increasing business growth.

Although I indicate my support for the resolution, I specifically note that it could have gone further. I direct that comment to the member for Mississauga East.

We know many dollars are being spent now with respect to transportation within the greater Toronto area. The province contributes almost 50 per cent of the annual cost of that expenditure, with contributing amounts coming from the municipalities and transit users. The magnitude of this investment, combined with the basic importance of transportation to our social and economic development, makes it essential that any planning efforts take into account all the factors affecting future demand.

The province recognizes the need to provide an efficient network of roads and transit for the residents in the greater Toronto area. I am not supposed to speak for the member for Mississauga East but, as we travel along the Queen Elizabeth Way each and every day, we know there is much room for improvement with respect

to access from the Toronto area to the Peel region and vice versa. We know there is great growth, especially within the city of Mississauga and the city of Brampton. We know that growth is not going to end tomorrow; it is going to continue for many years. We also know there are going to be greater demands made upon our existing transportation systems, which are at capacity or overburdened at this time and which need great relief. The Eglinton line is a start in that direction.

With respect to any investigation of the future of the transportation system throughout the greater Toronto area, including Peel, it is responsible to take a look at the current population, the growth of population, business growth, business activity, the types of businesses being formed in different areas, how they are being formed, when they are being formed, the future potential of these areas and what now exists, the transportation facilities now at hand.

Notwithstanding the fact that I, as the member for Mississauga North, come with certain preferences—as do the member for Mississauga East and the leader of the third party as well as many people in Metro, North York and Scarborough, all of whom have their own preferences—it is my opinion that a responsible and rational investigation of this nature must use actual, indisputable facts.

I believe the Eglinton line will bode well after that type of investigation. After looking at facts, figures and trends, the Eglinton line will prove to be a possible prioritization within Network 2011. It would be remiss on the part of all of us not to acknowledge that this type of investigation must proceed. Personal preference is important, but rational investigation of hard facts must proceed. I say that because I am confident that type of investigation or examination will prove the Eglinton line to be the line of most demand and greatest need. Therefore, I am very happy to support this resolution.

10:40 a.m.

Mr. Leluk: On behalf of the constituents of York West and the people of the city of Etobicoke, I appreciate this opportunity to support the resolution put forward by my colleague the member for Mississauga East and enthusiastically endorse the urgent need for an Eglinton West rapid transit line, a line that would effectively and efficiently serve many regions of Metro, including York West and Etobicoke.

I echo the concerns recently expressed by the mayor of Etobicoke, Bruce Sinclair, that Etobicoke's local streets are daily becoming more and

more crowded by traffic from the residents of Peel fighting to get to work in downtown Toronto. The traffic situation in Etobicoke, particularly on the major arteries, is already serious and, without an Eglinton West rapid transit line, will soon result in congested chaos.

Recent studies and statistics underscore the situation. Within 20 years, more than 50 per cent of all daily traffic from Peel region will cross Etobicoke's western boundary. Within 20 years, 28 per cent of all traffic leaving Peel will be headed towards Etobicoke, while a further 26 per cent will pass through Etobicoke to go downtown.

Metro Toronto's Network 2011 report notes that 132,725 vehicles enter Metropolitan Toronto in the morning peak, with 48 per cent of this traffic arriving from the west crossing the Metro west boundary. The number of persons arriving through Etobicoke in the same time period represents 56 per cent of the total. In other words, more than half of all Metro-bound commuters enter Etobicoke every morning.

The report also indicates that transit users who cross the Metro boundary will increase in numbers more so than those using transit within Metro itself and that the cross-Metro increase will be particularly marked in the west. The report further notes that 16,827 people cross into Metro daily on GO trains, with almost 75 per cent of these passengers arriving from the west.

Over the next 25 years, development within the greater Toronto area is expected to continue at a steady pace. The present population of 3.4 million will likely increase to 4.6 million. Most of this population growth will occur in the regions surrounding Metro. York region in particular has been singled out among those that will set the pace.

Employment forecasts also predict that the heaviest employment growth will occur in the regions around Metro. Approximately 40 per cent of this employment growth will take place in the region of Peel, located immediately west of Etobicoke. This will result in substantial accelerated demand for increased transportation services across the Metro west boundary. Population growth predictions, economic expansion forecasts and ridership studies all point west with respect to the fastest and the most growth. They all point to the urgent and vital need for an Eglinton West rapid transit line.

During the past 10 years, there has been a noted increase in GO Transit rail passengers. Recent reports project this increasing trend will continue and suggest GO Transit might largely

solve the west-Metro boundary commuting problem. A strong pitch for a much-improved GO Transit service has been made with a recently released publication, reported in yesterday's *Globe and Mail*, entitled *West Metro Boundary Transportation Review*. Authored by the Metropolitan Toronto planning department, the report suggests that if GO Transit service were substantially improved, its relieving effect could postpone the time when the Bloor-Danforth subway line reaches capacity.

Assuming such relief, the report maintains that the need for an Eglinton West transit line will become less urgent. There are several things wrong with this assumption. GO Transit has traditionally been a very specialized service, with trains departing in the morning and afternoon rush hours only, except for the Lakeshore line, and transporting people from catchment areas near stations along the route to Union Station. Unless a person lives within one of the catchment areas and works within a short distance of Union Station, the service is not at all attractive.

On a second point, the railways have been reluctant to agree to GO service expansion since it would seriously impede the movement of freight trains using the same tracks. To my knowledge, there have been no assurances so far that they would be willing to agree to a much expanded GO service.

On a final point, to enhance the attractiveness to some degree of using GO Transit, fare integration would have to ensure that a person could ride with one fare and use local buses, GO Transit and the TTC system. This has been discussed on and off for the past 15 years or more but owing to the different tax bases of the neighbouring municipalities, on which the running of train systems relies, there have been many insurmountable obstacles. Short of very substantial subsidies from the Ministry of Transportation and Communications to overcome the fare integration problem, it is difficult to see an early solution to this problem.

On May 26, at an emergency meeting which I attended, the councils of the cities of Etobicoke and York unanimously approved a motion urging the province to give high priority to the Eglinton West rapid transit line. The motion supports a plan to serve Metro as well as several surrounding regions. With regard to Metro's Network 2011 transit priorities, Etobicoke's view, reinforced by the provincial government's position, is that the Eglinton West rapid transit line appears

to be the only proposal that will inherently serve both regional objectives.

I am encouraged that the provincial government favours a balanced transportation system, and I am very pleased to know that the aim of the Ministry of Transportation and Communications is to promote transportation projects deemed most beneficial in the context of the entire greater-Toronto area. I join with the member for Mississauga East in commending the Minister of Transportation and Communications for having recently established a provincial committee to carefully evaluate all transit development options prior to making a public statement concerning Metro's Network 2011 report. The people of York West and the city of Etobicoke are extremely anxious, as I am, that an Eglinton West rapid transit line be given urgent priority consideration and subsequent commencement and completion as soon as possible.

In conclusion, I strongly urge the present government to recognize the regional significance as well as the local significance of an Eglinton West rapid transit line. Such a line will benefit the citizens of the several municipalities it transects, namely, Metro, North York, York, Etobicoke and Mississauga. I encourage the present government to provide provincial funding to cover 75 per cent of the construction cost, this being the level of transit development funding established by the previous government.

I urge all members of this House to give serious consideration to supporting the resolution put forward by my colleague the member for Mississauga East this morning.

Mrs. Grier: I am pleased to participate in this debate this morning and to support the motion put forward by the member for Mississauga East, although I find it a little difficult to understand the hesitations expressed by the member for Mississauga North. I was not quite aware, until his final sentence, whether he was going to support the resolution. I am glad he wound up saying he was going to support it, but I point out to him that when he says this debate perhaps is premature because Metro has not yet taken a position on the Network 2011 report, it was the Minister of Transportation and Communications, in his letter of May 14 to the chairman of Metropolitan Toronto, who pointed out that the province wanted to talk about transit priorities on a regional basis.

In my opinion, this debate is very timely. It is appropriate and important that the members of this Legislature go on record as supporting the motion put forward by the member for Missis-

sauga East. The debate is not only important with respect to transit planning, which needs to be done on a regional basis as opposed to a local or parochial basis, but also because we have to take into account the interests of transit as opposed to roads.

I worry when the Minister of Transportation and Communications calls for a balanced transportation system, because in the past that balance has always favoured expressways. I hope that when he says "balance" he means balance and that we are not going to go back to the period of ever-increasing road improvements and ever-widening roads that inexorably led to expressways. That was put to rest by the former Premier when he closed the Spadina expressway, and it was well laid to rest. We do not need it in Metro or in the regions surrounding Metro.

10:50 a.m.

My interest in the Eglinton transit corridor began when I was a member of Etobicoke council. We debated an expressway, as that corridor was first supposed to be in the early 1970s, but when expressways were killed in Metropolitan Toronto, Etobicoke had the foresight to preserve that right of way for a transit corridor. All through the years since, when development has been proposed—apartment buildings and subdivisions on either side of Eglinton Avenue—it has been designed to take into account that the corridor is one day going to have rapid transit. As a result, a great deal of development has occurred, and the population to be served by such a transit corridor is in place.

We have heard from other members of the very rapid growth that has occurred to the west in Mississauga. In my experience with planning in Metro and in the Toronto-centred region, if anybody remembers the Toronto-centred-region plan, we seem to have gone back and forth from regional planning to local planning. It has become ever more apparent, especially where transit is concerned, that we have to look regionally, and that is why this debate is important.

I remind the members of the House that when Metro began to develop its own official plan, known as MetroPlan, it began with a review of transportation improvements, the Soberman study, which talked about the network of transportation as an essential component of any official plan. That official plan, when it was finally adopted, called for decentralization of growth and development in Metropolitan Toronto. The way to achieve that decentralization is to build the transit network.

We only have to look at the development that has occurred at the extensions of the subway lines, not only in Metro but also in other cities, to know it works. If we do not want all the development to occur in the heart of downtown Toronto, then we have to provide the rapid transit that will enable people to develop subcentres out in the regions and on the periphery of Metropolitan Toronto.

Another reason this transit plan is very important is that it provides the link between downtown Toronto and the airport. We have in Metropolitan Toronto a world-class city—to use the adjective so favoured by the government of the day—that does not have a rapid transit link to its international airport. That transit link is long overdue. If it is ever to occur, it will occur by way of a transit line along the Eglinton corridor. That is another important reason why priority should be given to the Eglinton rapid transit line and why it has to be built quickly.

We have heard from my colleagues in Mississauga the statistics and the data about the growth of development to the west of Metropolitan Toronto, about the cordon count and the incredibly rapid growth of cars into the downtown area through the western boundary. If we do not get on with building this transit corridor, we will have created in Etobicoke one vast parking lot at the end of the existing subway line or, if not a parking lot, a series of roads clogged with cars at the morning and evening rush hours. The pressure to widen the arterial roads out into Mississauga will be inexorable, and that will have a very detrimental effect on Etobicoke.

We also have the need for this rapid transit line to utilize the existing transit corridors better. The Spadina subway line has traditionally been underutilized, and the linkage that would be provided by a transit line along Eglinton would greatly balance the use of the existing system. It would balance the investment that has already been made.

There is an unequivocal case in favour of giving priority to rapid transit along Eglinton Avenue through the cities of York, Etobicoke and Mississauga. It makes sense from a planning point of view, from a development point of view and from an economic point of view. I hope all members of the Legislature will support the resolution of the member for Mississauga East and that the Minister of Transportation and Communications will take that expression of support into account when making his decisions about transportation planning for Metropolitan Toronto.

The Acting Speaker (Mr. Morin): The member for Frontenac-Addington. You have two minutes.

Mr. South: It is with pleasure that I speak in regard to the member for Mississauga East's resolution. I neither support nor oppose it, but I think it is time that we pause and wonder where we are going. It is more than 150 years now since Cooke, Wheatstone and Morse perfected the telegraph and we were taken away from the necessity of depending on the weather and less dependable things to move messages. From that, we evolved to the telephone, radio, television and now the computer, which is the area we must think about.

The computer has the ability to store and sort information, which we hope we can then retrieve. We are now planning and building for the younger generation—such as the young people in the public gallery today, who are completely familiar and at ease with the computer. The possibility of people doing more work in their homes is here now. I believe we should grasp this technology. The prospect is for small local centres, much the size of local banks, where a score of workers can be located. They can compute with their central filing systems—

The Acting Speaker: Your time has elapsed.

Mr. Gregory: I am delighted to hear the degree of support in this House. I must confess to being a little confused by the remarks of the member for Frontenac-Addington. I am not sure he is on the same resolution as we are. With the greatest respect, I do not know what his point is. I wish we could have heard 10 minutes of his speech to determine what he is talking about.

I am very pleased to have the support of the leader of the third party, the member for York South (Mr. Rae). When I first heard him voicing his support, I wondered whether I should go back and re-examine my position. On sober second thought, I am pleased he has seen the light and the intelligence of this resolution. I very much welcome his support. The arguments he makes are very valid, the main point being that rapid transit in Metro Toronto cannot be planned in isolation from the surrounding communities, as has been done in the past.

There is now not only the Network 2011 proposal, a recommendation made to Metro Toronto council, but also a recent finding by the same body which totally upsets the first recommendation and which is signed by the same three people who signed the first report. I do not know what they are trying to find, unless it is a deliberate move to make sure the Shepard line

gets first priority. The facts that have been presented by the planning staffs of the region of Peel, the city of Etobicoke and the city of York bear out the importance of placing Eglinton as the first priority in this plan.

11 a.m.

I am very pleased to have the support of my neighbour the member for Mississauga North. He had me a little confused and worried at first. As I mentioned, he was trying to ride the horns of a dilemma without knowing which way to go, although he came out very clearly in support of this proposal in his last sentence. That is a very wise decision on his part and shows he has learned a great deal since the last election. We have found a way to communicate and support one another in a joint cause, and I welcome that support.

The member for York West (Mr. Leluk) has been attending the same meetings and hearing the same things that I have. He has realized all along that the Eglinton line should be the number one priority. This is not based on any parochial interest; it might appear to the member for Erie (Mr. Haggerty) that this is so, but it is not so. It is based on factual planning.

During the discourse the member for Erie asked, "What have you been doing for the past 42 years?" I point out to him that all the transit built in Toronto during the past 42 years occurred under the government of this party. That is what we have been doing for 42 years. The entire Toronto Transit Commission and probably even the transit system that serves Erie was done under the previous government. I will be delighted to take the member for Erie for a ride in my car to show him precisely where Eglinton Avenue is. That might convince him to support this cause as well.

Mrs. Grier: You should take him in rush hour.

Mr. Gregory: I am very pleased to have the support of the member for Lakeshore (Mrs. Grier). She raises a valid point. I touched on it in my remarks, but she has reinforced it. There is the need to have rapid transit support for Pearson International Airport. What a service it would be to the people of Metro Toronto and all the surrounding areas to be able to take rapid transit directly to the airport.

I am sure the minister will take that into account. I urge him to pay attention to this resolution, because I feel it is going to pass. It is good advice, and I look for his support.

PENSION FUNDS

Mr. Rae moved resolution 39:

That in the opinion of this House, the government should recognize in law that pension funds belong to employees and not to employers. Legislation should therefore be introduced immediately providing that any so-called surpluses—that is, funds in excess of actuarial requirements—be used to improve benefits and to provide mandatory inflation protection, and that no surplus withdrawals be permitted for any other purposes.

The Acting Speaker: The honourable member has up to 20 minutes for his presentation. He may reserve any portion of it for the windup.

Mr. Rae: The resolution before us gives the House a unique opportunity to express itself collectively on what has become one of the great outrages of our time. It gives the House the opportunity to express very clearly the view that moneys contributed into a pension plan, either on behalf of employees or by employees, belong to those workers. Any increase in the value of those funds should be used to improve the benefits that are there and not be available to be skimmed off and ripped off by employers who suddenly decide they have need of those funds.

Half the workers in Ontario do not have private pensions. The half that do are subject to private pensions that can be safely and politely described as nothing more or less than a ripoff. It is well known that until this Legislature is presented with legislation which will allow us to change the law, the law in Ontario today provides that if there is a fund established, the worker has access only to the specific amounts of money contained in the plan. The plans are invariably not negotiated; they are simply imposed by the employer. The plans do not provide for part-time workers and usually provide nothing for workers who have been there for fewer than 10 years.

We have a reality in Ontario that a person can work for three or four different employers in his entire working life, and at the age of 65 he will have absolutely nothing. The money that has been contributed by the employer on his behalf into the plan, according to the present law, reverts to the employer and to the shareholder. We are giving to the shareholder and to the employer money which, in all justice, should belong to the employee. It should go to the worker and should be used by the worker to improve pension plans, improve the possibility of earlier retirement and guarantee protection

against inflation, rather than simply being skimmed off and used by employers.

It is obviously an issue that has gained heightened publicity in the past year because of the activities of Conrad Black and Dominion Stores, because of the issues we have raised in this Legislature over the past six months and because of the news yesterday that, in its purchase of Canada Permanent, Genstar Corp. raided its own pension plan. It has been fuelled by the realization that in the United States we have seen a virtual explosion of pension fund ripoffs and raids, to the tune of \$3.1 billion in the last year for which we have evidence. Since 1980, more than \$8 billion has been taken out by companies in the US and used by those companies for their own purposes and for reasons that have nothing to do with the improvement of pension plans.

When we were engaged in the first days of a debate in this Legislature, I asked the Minister of Consumer and Commercial Relations (Mr. Kwinter) whether it was his view that the money in a pension plan belonged to the employees or to the companies. His instinctive reaction was that it belonged to the employees. That was the first day. That was Monte Mark I. That was the initial Monte response. That was the gut reaction of an individual upon being asked: "When money is put at a fixed rate into a pension fund negotiated on behalf of the workers, do you think increases in value should go to those workers as part of their deferred wages and part of their savings; or do you think the employer should be able to raid that money and use it to avoid a takeover or to finance a takeover or to finance a departure or whatever it might happen to be?"

Monte Mark I's response was, "It belongs to the employee." That was before the corporate big boys got to the Minister of Consumer and Commercial Relations and to the Treasurer (Mr. Nixon). Initially, we had statements from the Treasurer and from the Minister of Consumer and Commercial Relations that indicated they were concerned. The Premier (Mr. Peterson) himself, when we raised the Conrad Black example, said he was very worried. There is not an issue facing this province about which the Premier is not very worried and very concerned. He has expressed that concern in many different ways.

However, something strange happened over Christmas, something strange happened as we came into the new year and something strange happened to this government on the way to pension reform. They got mugged in the

corridors of corporate power. Since that time, they have refused to bring in the kinds of changes that would make sense.

11:10 a.m.

This debate allows ordinary members of this House an opportunity to express to the government of the day how they feel and how their constituents feel about what is happening. I wonder whether the constituents of members who are present today approve of the morality of what is happening, to say nothing of the legality, which is now being determined in the Supreme Court of Ontario; I am not going to get involved with that. I am questioning the morality of a company reaching into a pension fund, to which employees have contributed over the years, taking that money out and then refusing to pay severance pay to a great many workers who have been laid off because of corporate decisions.

I wonder whether people feel it is moral or appropriate. I say to members of the Conservative Party and of the Liberal Party, I have spoken to a great many Liberals and Conservatives who, upon hearing of our raising this issue, said, "You are right to do so, because it is a problem." I can remember speaking with a member of Parliament who has been very active in raising this issue in the House of Commons, Mr. McCrossan, the member for York-Scarborough. He has expressed concern for a number of years about the morality and fairness of what is being done to pension funds by employers.

The facts are very clear, and eloquent enough on their own. The mathematics is increasingly clear. What we had in 1980 was a mere trickle of \$3 million being taken out of those funds. What we had in 1984-85 was \$187 million being taken out of those funds. In the US, there has been an increase from \$18 million per year to \$3.1 billion per year. What we have is the makings of a major run, a systematic practice by companies in which they engage for a variety of reasons, at the expense of the improvement of plants.

I can give examples from my own constituency. A fellow came in who had worked for many years for the Toronto-Dominion Bank and had taken early retirement. He gave me the statement from the Toronto-Dominion Bank pension association, showing the Toronto-Dominion Bank had first taken out \$25 million and then put in \$25 million less than it otherwise would have had to. In other words, it took a \$50-million benefit, and at the same time, this individual, who had been retired for some time, had received no improvement in his pension whatsoever.

I am not speaking here of a four-year or five-year employee. I am speaking of a 25-year veteran at the Toronto-Dominion Bank. I am not speaking of a hard-line member of the New Democratic Party. I am speaking of somebody who had been a loyal employee of that bank and had worked his way up to assistant manager and manager of a Toronto-Dominion Bank branch. Whatever else he may have felt about the New Democratic Party, he felt it was the only party that had the guts and the courage to bring this issue out into the public and to take on those corporate interests that are ripping off the public and taking money out of workers' pockets and putting it in their own. There is no other way to describe what is going on. There is no polite way to describe the process.

These are funds to which employers are making contributions on behalf of employees. These are funds whose value is increasing. Why is it increasing? It is increasing for two reasons. It is increasing first because inflation has gone up dramatically. Even an investment manager working blind would have been able to make money over the past 10 or 15 years simply by investing that money.

Second, there are plans that are increasing in value in relationship to the number of employees because the workers are getting fired. If they have been employed for fewer than 10 years, they have no benefits coming to them under the current law, and so the employer says, "Oh my goodness, look at all the money I have been putting in for somebody who has been working for eight or nine years; I had better get that money back." The Pension Commission of Ontario says: "Fine, take the money. It is yours." Actuarially, one is allowed to do that. I think it is immoral for the province to be put in a position where the pension commission is giving an okay to such a systematic haemorrhaging of funds and of money that belongs to the working people.

If one puts money into the bank or somebody else puts money into the bank on one's behalf, that money is there in trust for that person. Nobody in this Legislature should be under any illusions about what has been permitted. Because of the existence of a pension law that is a disgrace, because of the existence of this 10-year rule, which is a disgrace, and because there is no worker participation or worker right of return with respect to money made on investments, which is a disgrace, those funds are accumulating a surplus.

Conrad Black has written some very complimentary things about me in the *Globe and Mail*

Report on Business magazine. I have been called worse things by better people than Conrad Black, and I suspect I will continue to be. I take pride sometimes in knowing not only who my friends are but also who my friends are not. I am delighted with the relationship I have established with Conrad.

He said, and other business commentators have said this as well: "The NDP is failing to recognize that the investment managers have been the smart ones. They have made the money. They have been smart enough to invest that money and make a return, and therefore they should get all the money."

It would have taken an incredible act of financial expertise to put one's money in an investment portfolio over a range of investments in the past 10 or 12 years and not have made money. Almost anybody in this Legislature would have been able to get that amount of money, put it in a range of investments and make a return, no matter where he put the money. One could have put it anywhere except a sock and made money in the past 10 years. Conrad Black's theory is: "We had the genius to keep it out of a sock and to put it somewhere else. It has made money and therefore that is our money."

I do not think it takes any particular genius to take money out of a sock and put it into something that gives one some kind of return on one's investment. For God's sake, if one puts it into the bank, one is going to make more. One could have put it into a daily interest chequing account and got more money than the rate of inflation during the past year. Everybody knows that. That is the reality of where interest rates have been recently. The information coming to us from the financial industry makes that very clear. The funds have increased in value.

With inflation running at 4.4 per cent in 1985, the average pension plan rate of return was 23.3 per cent. Even looking back four years, the average has still been 18.4 per cent. Yet we still have these investment analysts telling us it is their exclusive genius that has produced this result. We all know that, according to the evidence, everybody has been a genius. There is nobody who has not been smart, who has not been a genius and who has not produced that rate of return.

In drawing my initial speech to a conclusion, I want to make a very basic point. Today the Legislature has a chance to stand up for what I call the commonsense morality of ordinary people. There is a commonsense morality on the street that says if an employer puts money into a

plan on behalf of a worker, that money ought to stay with the worker; that worker ought to have access to and some control over that money; that worker ought to be able to get a return on that investment. The return should not simply go to the employer, who decides when he has made enough money and simply reaches in and skims it off.

We have an opportunity in this private member's resolution to send a message to Ottawa, to Queen's Park, to the Pension Commission of Ontario and to everywhere it will be heard that it is time the law was changed to give workers some control and some return on their investment.

Mr. Offer: I want to respond to the resolution put forward by the honourable member, who is the leader of the third party, regarding withdrawals that are made from the surplus of active employer pension plans. I understand the member is requesting that we require employers to use these surpluses to improve benefits. In response, I wish to make four points.

1. Unions can and do negotiate contracts that include cost-of-living adjustments for pension benefits. Many companies also provide inflation protection for nonunionized employees.

2. We support mandatory inflation protection of benefits and are urging other provinces also to move ahead on this issue.

3. Amendments to the Pension Benefits Act of Ontario, which will in all likelihood be introduced before this session closes, provide employees with greater opportunity to benefit from the investment performance of pension funds.

4. One of the primary objectives of this government is to encourage the expansion of private pension funds.

11:20 a.m.

With respect to my first point, it is important to stress again and again the voluntary nature of private pension plans. Private pensions are either implemented by management for the benefit of employees or negotiated by management and labour. The Pension Benefits Act of Ontario sets minimum standards for these agreements to protect the vested benefits of employees. We want to make sure that all future pension commitments will be met by requiring that assets from pension funds are safely invested.

We also want to guard against unforeseen circumstances by requiring that employers maintain a large cushion of at least 25 per cent of the liability in the fund. Because the security of the retirement income is so important, we encourage employers to fund their plans generously. As a

result, these funds sometimes contain far more than is necessary to meet future obligations.

Employers cannot touch surpluses that arise out of employee contributions. They are allowed to make withdrawals from the surplus that is generated by their own contribution only if this is expressly permitted in the plan. In recent years, exceptionally high investment returns have made surpluses more common. I believe it has been alluded to that this is expected to be a short-term situation, as were, which was not alluded to, the apparently forgotten pension deficits of the mid-1970s.

I must remind the member for York South that it was up to employers to fund those liabilities by pumping millions of dollars into the plans. It is interesting to note that during that time of poor investment performance, the third party did not raise the issue of employee control of pension liability. Assuring equity between employers and employees is one of the main thrusts of the draft pension legislation. Surely, giving liability to employers and surpluses to employees would not, could not and probably should not serve this goal.

The revisions will provide greater accessibility to pension plan coverage and better disclosure to plan members and will bring the legislation in line with the Charter of Rights and Freedoms. As members know, many years of negotiating with our federal and provincial counterparts have gone into these amendments. Without a consensus, it would be difficult for national employers to administer pension plans.

To reach a consensus on many urgent issues of pension reform, issues of such urgency that we are clearly able to address, we have had to put mandatory inflation protection on hold. We had to put that on hold so other very important, urgent issues could be addressed, attacked and met. However, let me assure the House that although it has been put on hold, it has not been put on stop or on the shelf. We are going to continue as best we can, in a responsible manner, to move forward with respect to mandatory inflation protection and to getting necessary consensus.

In the meantime, the amendments to the Pension Benefits Act of Ontario include three provisions that will strengthen the employee's position on surpluses arising from investment performance.

First, we will be requiring employers to give plan members advance notice of the request to withdraw surplus.

Second, employee contributions must be credited with a market-related rate of interest.

For example, the rates could be tied to returns on Canada savings bonds. This would ensure that plan members would benefit from investment earnings that are produced by inflation.

Third, employers will be required to fund at least one half of the accrued pension benefits. This means that when investment returns are high, employers will not be able to use these surpluses to escape their responsibility for paying a fair share of the benefits.

We feel these measures reflect a substantial reform of pension benefits in Ontario. They do not replace collective bargaining; they simply set minimum standards. In this way, both parties are free to negotiate, while we avoid imposing restrictions that discourage employers from setting up or improving plans. It is important that there be no discouragement of the responsibility of employers to set up these plans in one instance and to improve them in another. The three objectives I indicated earlier do, in our opinion, meet these goals.

Most important, we feel these measures are in keeping with our responsibility to encourage the growth of pension funds to cover more people in this province. They are intended to encourage adequate funding of plans to safeguard their solvency, and they will encourage employers to offer the kind of plans that provide the most secure retirement income.

Mr. Ashe: First of all, I want to put on the record some agreement on what a pension plan is. There is no doubt in anybody's mind that it is part of the package of benefits for an employee, albeit a deferred benefit, but something there for the future. I do not think anybody will dispute that. If there is a problem in resolution 39, which has been put forth by the member for York South, and in the remarks he put to that resolution, shall we say, being generous, it is that it muddies the waters.

Neither do I think there is any great disagreement that pension plan regulations have to be brought up to date. That is exactly what is happening. I am referring to the fact of portability, vesting at a much shorter term of service; and, of course, benefits for regular, part-time service, that is a different issue from the one addressed in resolution 39.

Having said all the positives, and agreeing with the general principle of what pensions are all about, how they accrue and who should benefit, I have had the privilege of being in this Legislature for nine years come next Monday, and I do not think I have ever heard such one-sided, socialistic, dogmatic rhetoric as I heard from the leader

of the third party a few minutes ago. It is fine to put forth a point of view. There is nothing wrong with that, but one has to be fair and put out the facts on both sides of an issue, not only the facts that support a rather narrow point of view.

The member is suggesting all employers are crooked, all employers are bad and all employers are out to do whatever they can to the detriment of their employees. I agree there are some bad employers, but there are also some bad employees, as there are some bad politicians, etc. The previous speaker put some of this on the record when he was making reference to the present legislation as well as to proposed amendments to the act. I am not going to go into detail about those again, albeit I could.

What the member for York South has failed to put on the record and what has to be put on the record for the benefit of all the good employers out there who operate plans for the benefit of all, who are honest employers and who give the benefits to employees, is that they are not all crooked, which is what is being suggested by the words of this resolution.

11:30 a.m.

Mr. Warner: It does not say that.

Mr. Ashe: It sure does, whether the member takes it that way or not. He should read the media and he will see. Of course, he probably only reads the comics.

We have a system that says if, actuarially, a plan builds up a surplus to its needs—and a well-protected surplus, I might say, the previous speaker alluded to that—it is not matter of an employer deciding: "I need a bunch of money. I will go in and rob the pension plan. There is a formality that I have to touch base with the pension commission, but it just says yes automatically anyway." Let us again review what the criteria are.

First of all, it has to be allowed within the trust agreement. The employer approaches the pension commission. It studies the plan, the future liabilities and the contributions. Once it has established that the employer contributions—not one penny of the employee contribution, but all of the moneys from the employer—are in excess of 125 per cent of the projected liabilities, then it is probably going to get approval to withdraw those excesses.

Mr. Warner: That is what Dominion Stores did. It is corporate thievery.

Mr. Ashe: Again, I have to emphasize it. This has never been alluded to in the remarks of the leader of the third party or others. They seem to

suggest that if a plan makes money or is ahead over and above the obligations, the employer goes in and takes out all of that excess. All of that excess above 125 per cent is the contribution of the employer, not of the employees.

Mr. Warner: It is corporate cannibalism.

Mr. Ashe: Why does the member not learn what he is talking about before he opens his big mouth?

The Deputy Speaker: Order. Will the member for Scarborough-Ellesmere not interject and will the member for Durham West please address the chair?

Mr. Ashe: I always do, Mr. Speaker.

Mr. Rae: Is this is a filibuster?

Mr. Ashe: No, only for another couple of minutes.

In actual fact, another recognition has to be put on the record, and it was alluded to indirectly by the previous speaker. We all know there is an innumerable number of pension plans in Canada. I understand there are about 117,700 with about 4.6 million active members. About 60 per cent of the plans are in Ontario covering, as the leader of the third party recognized, approximately half of the employees in Ontario. About 1.8 million plan members are in Ontario.

As we all know, there is more than one kind of pension plan. One can have a defined contribution plan, in which event there is no other obligation on the employer or the employee to put up extra money. One might say there is the out right there, but what has to be put on the record is that 90 per cent—not 20 per cent, not 60 per cent—of those 1.8 million employees in Ontario are covered under defined benefit plans.

As was pointed out before, from history, from the facts of the situation, what happens is that there are not always huge returns on plans. There have been times of deficit. We do not have to go back to the 1920s or 1930s. We need go back only to the last decade when there were many plans that were actuarially in a shortfall. It is funny, but we did not hear the socialist dogma at that time saying: "Hey, it is a shortfall. I think all of the employees should kick in some more bucks." The plan's obligation to kick in and fund any shortfall is 100 per cent the obligation of the employer.

I do not dispute that. I think that is only fair. I have no problem with that philosophy, but one cannot have one's cake and eat it too. If all of the obligations are on the employer to make up a shortfall, surely with the built-in protections of 125 per cent and so on, the employer should have

some possible opportunity to withdraw some of his—I repeat his—surplus funds, not those of the employee, because I agree that would be unfair.

We do not have a perfect system. I suggest we probably never will. There is no doubt that pension reform at the federal level and at the provincial level is already well on its way. There seems to be more agreement virtually each and every day between the different jurisdictions in Canada and the federal government. The proposed reforms to the Pension Benefits Act in Ontario obviously will be helpful, but this Legislature cannot make an indication to the good employers out there—and I would suggest that is most of them, I am not picking on a particular one.

I agree that the public relations of Dominion Stores and Conrad Black was not helpful to the image of employers and that the way he put it out was not helpful to him from a personal point of view. I do not deny that at all. That there is the odd bad apple in every barrel does not suggest that one bad apple necessarily makes the total barrel rotten, which is what is suggested by the party to the left.

As a responsible Legislature, we cannot support the rhetoric in this resolution by the leader of the third party.

Mr. Mackenzie: I am pleased to rise in support of the resolution put before the House by the leader of my party.

I am little amazed by some of the comments I just heard from one of the Tory members. Pension benefits and the payments that go towards the pension plans are deferred wages. I do not know whether the member now is changing his position on that. We had a select committee report from the Legislature filed in 1982. Some of the Tory members who signed it were the member for Sarnia (Mr. Brandt), the member for York Centre (Mr. Cousens), the member for Durham East (Mr. Cureatz), the member for Brantford (Mr. Gillies) and former members Terry Jones and John Williams, all of whom agreed in that report that pensions were deferred wages. Has there been a change in the Tory position? I would like to know that.

I recall the debate about this committee. The setting up of the committee followed in about a year. There was some fairly serious debate in this House on the need for improvements in private pension plans. There was a resolution that I moved in this House back in 1979, which received support. It asked for earlier vesting, a central agency and portability. The debate on that

private member's bill passed this House with support from all three parties.

We did not get any movement on those points and a lot of years have gone by. We did not get a darn thing out of the Tory party, but we finally got the setting up of a select committee on pensions. That committee did some good work. However, it totally refused to look at improvements in public plans, which are really needed in Canada and in the province today. It dealt only with recommendations dealing with private plans, which probably pay pensions to less than half the workers in the province in any event. The reason there was a dissent by myself and my colleague the member for Bellwoods (Mr. McClellan) in that report is that we tried to get some discussion and improvements in the public plans and we could not.

We had long debates on the improvements that were recommended to the private plans, some of which we supported in the report and some of which we did not, but we did reach agreement that pensions were deferred wages. There was no dissent on that point.

I guess it was a Band-Aid approach, but I do not recall a dissent by any of the Tory members of the committee at that time when we reached agreement in that committee that we should be taking money, where there were excess earnings in a fund, and using it to improve the benefits.

We could not get them to agree to indexing in that report, although we made the fight in the course of the select committee report, but we did get agreement that it made sense to use excessive earnings in private plans for improvements to those plans and that this might be the first step towards some form of indexing. That was the position taken at the time by the committee. It was taken by Tory, government party members. It made some sense. It did not go nearly far enough, but it was a beginning.

11:40 a.m.

We established that pension payments are deferred wages. Instead of taking that pension benefit, if a worker had taken the trouble to invest it, he would have earned the money on it. For a long while, workers took the wages, especially in earlier days when inflation was a little more and contracts were easier to come by, because they wanted the money in their pockets; but having decided instead to forego perhaps five or 10 cents in wages to put into a pension plan and to take the pension, that was guaranteed as a result of that set of negotiations, that agreement or that contract they signed when they took employment with the company.

Given the discussions we have had in the committee, it makes eminent sense that the money that may be earned as a result of those payments into the plan belongs to the workers. It is totally out of line to have the kind of ripoff we are seeing today when these plans have earned excess funds and companies are using them, in some cases, to pay their benefits, as poor as they may be, when they decide to shut down a plant.

Let me cite a couple of examples. We raised one of the cases in this House recently. I am talking about the Rexnord company in Toronto. This is a letter we received from the president of the local, who was trying at the time to get a meeting with the Premier:

"I work at Rexnord Canada Ltd. We are anticipating a plant shutdown in early January. As a result, the salaried employees will receive severance pay, from eight months to one year of pay, and up to \$850 per month pension. Shop floor employees will receive severance pay from four weeks to 16 weeks of pay, maximum 62 years if qualified, and their pensions will be multiplied by \$13 per year of service for a maximum pension of \$455 for 35 years of service."

Obviously, there is a difference in the pensions of the office staff and the workers in the plant. However, four to 16 weeks after 20, 25 or 30 years of service with that company and a maximum pension of \$455 is not a heck of a lot.

Then we take a look at what could have happened in terms of that pension. There is an excess in that plan. I wonder how much of the severance these workers are getting, which they are supposed to get as a result of severance pay legislation in this province, is coming out of their own money. Calculations as of January 1, 1986, by an independent actuary show that the balance in the Rexnord pension fund exceeds the plan's liabilities by \$572,000. Rexnord has made application to the Pension Commission of Ontario for approval for a refund of \$310,000 of this amount. It goes on to talk about the total approval of \$3,213,000 of this surplus, leaving \$2,208,000 in the fund. It also talks about taking some money out of a plant called Matthews Conveyor Co. in Port Hope, which is owned by Rexnord.

I do not know where the justification is to use that excess funding, in effect, to pay for the responsibilities the company has under other legislation in this province. This is not the only example. The examples abound across Ontario. The company is using the surplus in that fund, which the workers always saw as their money

since we established the principle of deferred wages in this province a number of years ago. Prominent members of all parties in this Legislature have agreed that those funds belong to the workers.

It seems to me there is not justice in Ontario. There are some dangerous double standards at play if we allow companies to dip into surplus earned as a result of investing money that otherwise would have gone directly into the pockets of workers during the course of their negotiations with the company. If we do not pass this resolution, we are insulting not only all the workers who are involved in private plans in Ontario, but we are also negating a principle that I, as a trade unionist, thought had been established a long time ago with respect to pension benefits. We will live to rue the day.

If there is an upside to it, it may finally drive home to people that the real answer in this country lies in dramatic improvements in the public pension schemes and not in trying to fool around with the private plans. However, as long as they are there, there should be justice. That money belongs to the workers and that is where it should go, not back to the companies.

Ms. E. J. Smith: I am very happy to support the motion of the member for York South. I realize, by necessity, such a motion is oversimplistic and cannot deal with many of the intricate problems involved in the writing of legislation around such an issue. However, I still believe this motion should be referred to a committee dealing with pensions so that the considerations put forward in it can be considered by that committee in the hope that it can find some solution that at least makes some gesture towards resolving this difficulty.

There is an issue of fairness here. I remind the members of the House that in the Middle Ages usury was actually considered a mortal sin. I recognize that in our present day and age we have a system virtually based on usury. However, this outlines the fact that there are very heavy moral issues involved in interest and in the use of money.

I can give members a very simple example from my own existence. My father, who was permanent force army, paid into a pension fund for many years. When he died and his widow received his share of it, the value of that money had substantially and radically changed because of the years during which he paid into it, the dirty Thirties and Twenties, and because of the value of money by 1955. In 1955, the pension my mother would have received was figured out at

\$2,500. Members know we do not even pay that in charity now for someone to live on minimum standards. I point out to members that this laudable pension was for the wife of a major general. I do not even care to think what a noncommissioned officer would have received.

I recognize that the government then increased these pensions, but it gave out as charity what should have been there in justice, because the money that went into the pension had actually changed in value. The money that should have been there in the pension was the real money that was put in with this changed value, a point that has been regularly made by the New Democratic Party.

I agree with the member for Hamilton East (Mr. Mackenzie) that it is recognized that this was a benefit negotiated between employer and employee. The normal growth of that money belongs to the plan in the same way as the actual dollar value. If that money were invested by a prudent third party, it would increase in value because of the inflationary trends of money. That is not exceptional profit. For the most part, it is the regular profit that comes from prudent management and it belongs to the employee on whose behalf that money was negotiated in the first place. It is not new money. It is the same money adjusted upward as the money value has changed.

The arguments put against this by the ministry officials and by the new bill suggest it is insurmountable to work on this for some of the following reasons.

In the first place, we want to put in mandatory inflation protection, but the other provinces will not. I believe the committee can examine this. Surely there is something the committee can do to find some other method of keeping this money in its fair and rightful place to benefit the employees who have lost the value in their money. I believe it is time this province showed leadership. Let us do it now. Let the other provinces fall in behind. It can be done separately from those parts of the dealings that have to be done on a nationwide basis. I do not believe that should stand in the way of looking at this.

We are told it is too expensive. I am not impressed by this argument when I see that Genstar took \$100 million in order to buy Canada Trust. I read from yesterday's Toronto Star:

"Canada Permanent had acted as trustee over Genstar's pension funds, but was removed because of philosophical differences, the Permanent's former counsel...told the committee.

"He testified the Permanent's ouster came after the firm resisted the withdrawals because of a number of lawsuits which arose out of similar transactions."

We are talking about billions of dollars. We are talking about to whom it belongs. I suggest that not everybody, even in the business world, believes it all belongs to the employer, or even that portion of it that comes after the 125 per cent.

11:50 a.m.

Another reason that is put forward as making this impossible is that it was not in the original contract. The employers and the employees made a contract, and that was not part of the deal struck by the employers and the employees at that time. I remind members of the House that I got married 38 years ago and my husband did not agree to Bill 1 at that time. He finds he is stuck with it now whether he likes it or not. If there is an issue in justice that we are looking at, we should look at it. It would be much more difficult to argue against this question of justice than it would be to argue with people who object to the retroactiveness of Bill 1.

Another facetious reason that is put forward is that business opposes it. I suppose it is human nature that if one's option is to share the funds with the people who put it in there or to take them for one's self to reinvest and do what one wants in a businesslike way, one looks after oneself. The business may do that. It is the ruling of government to look after the common interests of the individual, and in this case those individuals are the employees.

The other question that has been put forward by the Conservative members is that since businesses have to look after the shortfall when they have figured out their actuarial tables incorrectly, they should also get the benefits. There have to be better ways of making sure actuarial tables are correct and of looking after this eventuality. After all, if a company goes bankrupt and the shortfall exists, that is not resolved in any case. As was pointed out, they can dip only so far and then they put themselves at risk. There have to be other ways of making sure pensions are secured in their inflated value and kept safely for the people who contributed to them.

Society has taken on the responsibility for old people, and pensions create a pay-as-you-go philosophy of looking after those eventual obligations. Therefore, it is in the interests of society that employers and employees look after this responsibility while the employee is working so that the money is there and secure when the

employee retires. Otherwise, it falls on the ordinary taxpayer anyhow because in this society we do not let our senior citizens stand in need.

To keep this money fair, inflated and able to pay what it was supposed to pay when the agreement was made, we need to find a way to build in this inflationary factor. We need to do it now as a government and as a Legislature and not wait until the courts tell us that is the only fair way we can act. I believe we should be examining these. We have heard that the government believes philosophically in this, that it wants to do it and it cannot do it for reasons of money and reasons of other provinces. If we have a philosophical and moral obligation here, then let us try more sincerely and with greater effort to meet that obligation as best we can.

I do not suggest, as the member for Durham West (Mr. Ashe) suggests, that to say this should be done is to say that all employers are being accused of being crooked. I think many employers see the fairness and honesty of what is being put forward here, but unfortunately we write laws because there are criminals or crooks who would abuse society and its people. That is why we have to have laws saying one cannot do these criminal activities. That does not in any way imply that everybody in our society is a criminal and needs to be forced by law not to damage other people.

In the case of employers, I believe many employers want to see fair pension plans in place and would be more than willing to co-operate in setting those in place and seeing them mandatory and looking after the people they were intended to look after. It is because some businesses will not do this that government has to get involved and say this is the fair way to do it. I hope the government people will look at it.

Mr. Rae: I very much appreciate the chance to conclude this discussion. A month ago, I was going to a convention to give a speech. A woman was standing at the door of the hall I was going into and selling buttons. She came up and told me her story. She said she had been a Dominion Stores employee for 27 years, that she was 57 years old, that she had no severance pay, that she could not keep up on her mortgage payments and that she was selling buttons about Conrad Black and getting \$1 per button. That is Ontario 1986.

I am not describing some medieval country. I am not describing something in what the member for Durham West described as socialist rhetoric. That is not socialist rhetoric; that is reality in Ontario. That is what is happening to people. The member described Conrad Black as a "bad

apple." Those are his words, not mine. I look forward to the correspondence between him and Conrad Black.

Mr. McClellan: I hope he says it outside the House.

Mr. Rae: I urge him to say it outside. Then we would all get to see what the correspondence would look like.

That is reality. What I think the member for London South (Ms. E. J. Smith) has done today is to speak very directly to what is a moral issue. It is a moral issue about people's money, about what happens to people's money, about who is entrusted with people's money and what they can do with the money when they put it into a fund on behalf of other people.

My colleague the member for Welland-Thorold (Mr. Swart) spoke with such eloquence about the issue of insurance that I do not need to embellish the point. When it comes to pensions, it is extremely clear; it is not a complicated issue. The member for Mississauga North (Mr. Offer), who is here representing his boss, the Minister of Consumer and Commercial Relations, has given us the party line. If I may say so, it is exactly the same line we had from the Tories.

Mr. McClellan: It is the Frank Miller line.

Mr. Rae: Yes, it is the Frank Miller line. It is the same line we have heard from those who say there is nothing that can be done to change the situation and everything that is there is inevitable.

I do not have time to go through all four points the member made. I just want to say that nothing we are suggesting will discourage the existence and the development of private plans. Nothing we are suggesting will take away for a moment from the existence of a private sector that will be providing pension plans. All we are suggesting is that we inject an element of what I have called "the commonsense morality of ordinary people" into the way money is invested, saved and used on behalf of those people. We are talking about the use and the misuse of people's money.

The government has expressed an interest in the amount of corporate takeover activity that is happening. The Treasurer has said he is very concerned about the amount of corporate takeover activity that is taking place. Who is financing the paper economy, the roulette economy, the casino economy? The workers of this province are. Their pensions funds are financing the roulette economy. Genstar takes over Permanent and finances it with money which is there on behalf of its own employees. The people say that is perfectly legal, that is the

way it works and that is the wonder of private enterprise.

I disagree. I think when the story of the 20th century comes to be written, it will be the story of ordinary people striving to gain some degree of control over an economy and striving to inject greater and greater amounts of morality into that economy so it corresponds to their commonsense feelings of what should be.

Is it moral for a father who is putting money into a bank on behalf of a child to say at some point, "That money has made some interest and it is my genius that produced that interest and not the bank"? Conrad Black would say it is his unique genius, and that is baloney. If the father says, "I am going to take that money out," does the money not belong to the child? Yes, it does. If one puts money in trust, that money belongs to the people on whose behalf one has placed that money. That is the commonsense morality of the family and it ought to be the commonsense morality of our economy.

It is time we gave the workers in this province not charity, but some justice, some economic power and some economic control.

12 noon

Mr. Speaker: The member's time has expired.

RAPID TRANSIT LINE

Mr. Speaker: Mr. Gregory has moved resolution 38.

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion the ayes have it.

Motion agreed to.

12:05 p.m.

PENSION FUNDS

The House divided on Mr. Rae's resolution 39, which was agreed to on the following vote:

Ayes

Allen, Andrewes, Baetz, Bossy, Breaugh, Bryden, Charlton, Cooke, D. S., Cordiano, Foulds, Fulton, Gigantes, Grande, Grier, Haggerty, Hennessy, Laughren, Mackenzie, McClellan, McGuigan, McKessock, Miller, G. I., Morin, Morin-Strom, Newman, Polsinelli, Rae, Ramsay, Reville, Sargent, Smith, E. J., South, Sterling, Stevenson, K. R., Swart, Warner, Wildman.

Nays

Ashe, Barlow, Dean, Eves, Ferraro, Gregory, Guindon, Hart, Knight, Lane, Leluk, Marland,

McNeil, Nixon, Offer, Poirier, Pollock, Reycraft, Rowe, Sheppard, Smith, D. W., Taylor, Villeneuve, Wiseman.

Ayes 37; nays 24.

The House recessed at 12:10 p.m.

AFTERNOON SITTING

The House resumed at 2 p.m.

MEMBERS' STATEMENTS

ROWING CHAMPIONSHIP

Mr. Partington: A very successful 41st annual Canadian Secondary School Rowing Championship was held this past weekend on the 1,500-metre Henley rowing course in St. Catharines in the ridings of Brock and St. Catharines.

There were 82 schools represented from across Canada, from Vancouver Island to Newfoundland, and from the eastern United States. Heats were run on Friday and Saturday, with 30 finals being run on Sunday. The weather was a tremendous challenge to both the athletes and the officials, but they rallied and completed a great closing day on schedule.

Ridley College from St. Catharines captured top honours in both the men's and women's events, as well as the total points championship and the prestigious Calder Cleland Trophy for the senior men's heavy-eight race. Denis Morris separate school and Lakeport Secondary School, both of St. Catharines, took second and third places, with Upper Canada College of Toronto fourth and Shawnigan Lake School from Vancouver Island fifth.

Rowing is a demanding sport, requiring total dedication from the participants on a seven-days-a-week basis. It develops the minds, bodies and characters of our young people. In the process, it creates lifetime friendships. I take this opportunity to commend the athletes, coaches and officials on a job well done.

GOVERNMENT JOBS

Mr. Morin-Strom: I see no reason why so many government offices must be in Toronto and why many of them are not in northern Ontario. For 42 years, the Conservatives ignored communities such as Sault Ste. Marie. These communities have experienced the frustration of trying to deal with slow, unresponsive government ministries in Toronto.

After one year of Liberal government, the problem remains to be addressed. Several months ago, we heard the promise of the Minister of Northern Development and Mines (Mr. Fontaine) to move an additional 1,000 jobs to northern Ontario. The words were commendable, but when will we see the action?

Sault Ste. Marie in particular is currently facing an economic crisis from the down-sizing of Algoma Steel. We do not need more studies and recommendations. The Rosehart commission on resource-dependent communities has just recommended that 5,000 Ontario government jobs be transferred to the north during the next five years. A group of deputy ministers and the standing committee on resources development have both recently heard specific recommendations for action on this issue from the community of Sault Ste. Marie.

The chamber of commerce has suggested that the timber and wildlife sectors of the Ministry of Natural Resources be moved from Toronto and that the Ministry of Northern Development and Mines could transfer jobs to the Sault rather than reducing its staff. For years, United Steelworkers locals have been asking for a regional office of the Workers' Compensation Board. With a committee of cabinet ministers visiting the Sault next week, I want the government to know that we in the Sault expect action now, not more consultation.

TARIFFS

Mr. Ferraro: I am pleased to tell the House that the United States International Trade Commission has ruled unanimously against directing new barriers on imports of steel forks used on forklift trucks. That decision removes a serious threat to Kenhar Products Inc. of Guelph, a firm that employs 134 people and is the major supplier of steel forks to the US market, selling about 85 per cent of its products there.

Kenhar's prime US competitor petitioned the International Trade Commission on January 17, asking it to raise the current 0.6 per cent duty on imported steel forks to 35 per cent. The US company said these imports were causing serious injury to American firms. However, Kenhar argued before the commission that the problems of US companies were the result of poor management and not imports. The commission ruled six to zero to deny relief to the US industry, without disclosing its reasons.

There is little doubt that most of the jobs at Kenhar would have been in jeopardy had the commission accepted the American request. Officials of the Ministry of Industry, Trade and Technology took that threat seriously and met with representatives of both the federal govern-

ment and Kenhar to discuss ways of avoiding such a punitive tariff.

Kenhar is in my riding and is recognized around the world for the quality of its products. I congratulate the management and employees on this exciting victory, and I wish to thank the Minister of Industry, Trade and Technology (Mr. O'Neil) and the deputy minister, Pat Lavelle, and his staff for their efforts in this regard.

ENVIRONMENT WEEK

Ms. Fish: As members know, this is Canada Environment Week. It is a week in which we can focus our attention particularly on environmental issues and hope to heighten the awareness of the public and industry of the economic benefits of a clean environment and a healthy place in which to live.

By focusing on environment this week, all Canadians, not just Ontarians, will participate in workshops, information sessions and seminars. Schoolchildren, for example, will participate in many programs that will contribute to the beautification of their local communities and will give them a better understanding of the need to keep Ontario clean.

Our Minister of the Environment (Mr. Bradley) has refused to acknowledge the special focus of this week and has refused to promote it.

A great deal of work has gone into public education and expanding the public's awareness of the importance of the environment. A great deal of that work has been done by voluntary nonprofit environmental groups. They, in particular, have organized seminars, conferences and public information sessions all this week in an effort to enhance not only World Environment Week but also the public's awareness and involvement in a clean environment.

Our Minister of the Environment should be applauding that work, not insulting it.

Mrs. Grier: I too want to celebrate World Environment Day, part of Canada Environment Week. I agree with the Minister of the Environment when he says that in this province every week is environment week. Unfortunately, as is so often the case, we agree with what the minister says but we wait in vain for concrete action.

This is the 49th week of the term of this government—49 environment weeks, according to the minister. We have had more than 49 promises of action, but let me give members a few examples of how these 49 weeks have been celebrated.

In week 2, we had a promise of comprehensive legislation to provide intervenor funding. We are still waiting.

Week 19 indicated an action plan for the St. Clair River. That came up again in week 21, week 23, week 24 and week 31, and then I lost count.

Hon. Mr. Nixon: How about control of acid rain in week 6?

Mrs. Grier: I am getting to it.

Week 21 also had a promise of legislation to increase penalties and fines. That came again in weeks 29 and 31.

Week 22 was the week to promise a drinking water strategy, and again in week 45.

Then there was week 25, an action week, with strong measures to curb acid rain emissions. We welcomed week 25. We praised week 25. And we wonder how long we will have to wait for the next action-packed celebration.

POST-SECONDARY EDUCATION

Mr. Cordiano: I want to highlight this government's continuing commitment to the province's post-secondary institutions. There is a need for our colleges and universities to play such a role in the economic and social transformation now under way in the province. At the same time, we must also improve accessibility to our post-secondary institutions.

To better equip post-secondary institutions to respond to changing demands, to foster excellence and to enhance accessibility, this government has undertaken several major initiatives.

For example, we announced an \$84-million, five-year faculty renewal program to hire 500 new faculty members. Recently the colleges received \$60 million of new funding over the next two years to hire a substantial number of new faculty members throughout the system.

In October 1985, the university excellence fund and the college excellence fund were announced with an overall total commitment of \$80 million. Funding for the Ontario student assistance program was increased by eight per cent for 1986-87, compared with 5.9 per cent in 1985-86.

On May 13, 1986, the Treasurer (Mr. Nixon) announced a further \$15 million to support applied research in Ontario's universities. Although we have made considerable progress in putting our post-secondary institutions back on the road to recovery, this government will continue its efforts to bring about excellence in those institutions.

NORTHERN ONTARIO GAMES FOR THE PHYSICALLY DISABLED

Mr. Eves: I want to take this opportunity to announce that the Northern Ontario Games for

the Physically Disabled will open tomorrow in Parry Sound.

It is a great honour for our community to play host to these games this year. Athletes from many northern communities, including Timmins, Thunder Bay, North Bay, Sudbury and Sault Ste. Marie, will be participating in the games. As well, more than 400 volunteers and support staff have given up their time and energy to help ensure the success of this event.

I wish all those competing the very best of luck, and I look forward to emceeing the opening ceremonies tomorrow evening. In these games, everybody is a winner.

2:11 p.m.

STATEMENTS BY THE MINISTRY AND RESPONSES

SPECIAL WARRANTS

Hon. Ms. Caplan: In response to the point of order from the member for Nipissing (Mr. Harris): when I made my statement in regard to the tabling of the special warrants on April 24, I understood that copies of the special warrants were to be inserted into members' mailboxes. Apparently, this did not take place. As a result, copies are being distributed to all members today.

Mr. Harris: I am pleased to respond briefly to the statement by the Chairman of Management Board. I accept the apology I called for yesterday from her for not distributing—

Interjection.

Mr. Harris: I read apology into it, and I think that was her way of doing it. She apologized because they were not inserted into the members' mailboxes. However, the main point I made yesterday was that they were not tabled with the Clerk. That is the requirement under the standing orders. There was no comment on that from the Chairman of Management Board today, and that is a serious breach of the rules of this Legislature.

RENT REVIEW

Hon. Mr. Curling: This is a long-awaited moment. This is a historic day for this province.

Later this afternoon I will be introducing legislation to reform Ontario's system of rent review. This legislation is significant for three major reasons: (1) it provides the tenants of Ontario with real and universal protection from unfair rent increases, (2) it provides for the revitalization of rental housing construction in this province and (3) it creates a system of rent review that is fair and equitable to all.

This legislation is even more significant for the manner in which it came to be. Since I became Minister of Housing, I have met and spoken to hundreds of landlords and tenants. I have listened to their serious concerns about the system of rent review that existed under the previous government. It was apparent that radical changes were required.

In seeking to reform the rent review system, our government faced a choice. We could simply implement our policies as additions to the existing system; and there would be little risk in taking that course, for the previous government had operated the rent review system that way for years. Or we could take an alternative course: we could go right to the root of the problem, take the entire system apart and come up with something better. That is the approach we selected.

Yet we knew that to do the job properly, we would need the assistance of tenants and landlords who are expert in the field. For this reason, I announced on December 16 the formation of a committee of tenant and landlord leaders who were asked to provide a new approach to rent review that would balance both their interests in a fair and effective manner.

As members are aware, the Rent Review Advisory Committee reached agreement on the best way to implement a new system of rent review and provided its recommendations to the government in its report of April 18. These recommendations represented a unique consensus between landlords and tenants. It is a consensus that this government has adopted and that has been incorporated into the new version of the Residential Rent Regulation Act.

The revised legislation maintains the framework outlined on December 16, which was reflected in Bill 78. Today I am introducing a new bill to provide the people of Ontario with a seamless, fully comprehensive piece of legislation. Later, I will be withdrawing Bill 78, and at the appropriate time I will be introducing some minor amendments to the new legislation after consulting with the members of the Rent Review Advisory Committee.

The six major features of this legislation are: (1) the establishment of an annual rent review guideline based on an inflation index, (2) a costs-no-longer-borne procedure for some financing and capital costs, (3) the establishment of a comprehensive province-wide rent registry, (4) a provision for the elimination of economic loss on post-1975 buildings to ensure the viability of those properties, (5) the provision of a revised form of hardship relief for owners of

pre-1976 buildings and (6) the establishment of the Residential Rental Standards Board to develop provincial property standards. These standards will be used in calculating rent increases.

A key provision of the new legislation is the rent review guideline. I want to assure this House that the formula that has been put in place to adjust the guideline on an annual basis was fully supported by the tenants' representatives as part of a fair overall strategy to protect all tenants from spiralling rent increases and assure them of regular maintenance of their homes. The tenants' representatives are also in full agreement and support of the provisions in this act that assure builders, landlords and investors of a fair return on their investment in both existing and new rental accommodation.

The Residential Rent Regulation Act is a key facet of our overall housing strategy. At the same time, it is essential to note that the assured housing strategy is designed to increase the supply of available rental housing in this province.

I want to emphasize that this government fully accepts its responsibility to meet the housing needs of the less fortunate among us. Provisions in last month's budget allocated to my colleague the Minister of Community and Social Services (Mr. Sweeney) provide shelter subsidies for welfare recipients that will benefit 50,000 families in Ontario.

Earlier, I announced a commitment to build 6,700 new social housing units each year for the next five years, for a total of 33,500. Today, I am pleased to announce that we are adding an additional 13,400 units of nonprofit and co-op housing, to be released over the next seven years. This will constitute a total of 46,900 new social housing units in this province.

I am proud of this commitment to provide housing for Ontario residents with low to moderate incomes.

Today's legislation, the Residential Rent Regulation Act, opens the door to the private sector to increase the supply of rental housing for the middle-and upper-income markets.

It would be remiss of me not to recognize the members of the Rent Review Advisory Committee. On April 18, 1986, I publicly thanked them for their participation in the process that led to their historic agreement on a system of rent review for Ontario that would be equally fair to landlords and tenants. Today, I wish to thank them for their contribution. This government has

accepted their recommendations with few revisions.

The people of Ontario owe a debt of gratitude to the members of the Rent Review Advisory Committee. These men and women put aside their own interests to work for the common interest. I cannot measure the hours, days and weeks they contributed to this undertaking. In the end they provided the guidelines for our new system of rent review.

They are in the gallery today, and I want to introduce them. First, there are the two people who co-chaired the committee so efficiently and effectively and who worked so very hard to make it succeed: Mary Hogan, director of Parkdale Community Legal Services, and William Grenier, chairman of Pagebrook Holdings Inc.

2:20 p.m.

Other members of the committee include John Bassel, president of Arcadia Group Investments Ltd.; Leslie Robinson, co-ordinator of the Federation of Metro Tenants' Associations; Peter Goring, senior vice-president of Bramalea Ltd.; Kathy Laird, a lawyer with Metro Tenants Legal Services; Gary Griesdorf, vice-president and general manager of Goldlist Construction Ltd.; Fred Bever, an advocacy researcher with the National Anti-Poverty Organization; Glen Sifton, president of Sifton Properties Ltd.;

Pilar Amaya-Torres, a community legal worker; John Andrade, president of John Andrade Associates Ltd.; Jeffrey Patterson, senior program director of the Social Planning Council of Metropolitan Toronto; Stuart Smith, president and chief operations officer of Shipp Corp. Ltd.; Dr. Claude Brodeur, a professor with the faculty of education of the University of Toronto; Peter Libman, a barrister and solicitor with the firm of O'Reilly, Moll and Libman; Robert Elms, chairman of the London Towers Tenants' Association; and last, but certainly not least, Jan Schwartz, president of the Multiple Dwelling Standards Association.

I would like them to stand and be recognized.

I have a tremendous staff in the civil service in the Ministry of Housing, and they too have done a tremendous job.

To all of you, my congratulations on a job well done.

Some people may be under the impression that the tabling of this new rent review legislation today signals the end of the process, the end of the consultation. Nothing could be further from the truth. In fact, today marks a new beginning.

The Rent Review Advisory Committee will continue to work with the government in

developing the regulations and guidelines of our new rent review legislation and assist in ensuring the legislation is implemented properly right from the start. Restructured as the Rental Housing Advisory Committee, it will review the Landlord and Tenant Act and present me with recommendations for change which I will bring to the Attorney General (Mr. Scott).

Today, this government moves to put in place the most responsive, constructive and sensitive system of rent review in North America. It is sound legislation, designed to be fair and designed to work. It is legislation that is fully deserving of the support of every member of this Legislature.

Mr. Gordon: I would like to reply to the statement that has been made today by the Minister of Housing. I am sure the House is aware, as is the public of Ontario, that it was the Minister of Housing who set the agenda and promised a new housing policy for Ontario more than seven months ago. It was the Liberals who identified housing as the pressing issue in Ontario, and if they were prepared to make a political point by promising action then, they should have been prepared to follow through by now.

We want to be constructive, but when we see the minister introducing a bill in this House and then telling us he is going to have to withdraw it for further amendments, a bill to replace Bill 78, which has been here since January, we have to wonder whether he has it together at all.

When the minister is having his party today in the office of the Premier (Mr. Peterson), along with his invited guests, I hope they will ask him this question: How can he justify causing rents to go up for tenants in this province? Those rents are going to go up more than the rate of inflation and more than what unions are able to negotiate for their workers today. How can he justify raising rents for those people? How can he justify raising rents for more than 200,000 people who right now are living in rental units they cannot afford?

Does the minister think the bill he is introducing today is going to make their units more affordable? I beg to differ with him. We are trying awfully hard to be constructive, but this bill does not do anything for affordable housing in this province. The minister has been promising us a new history in this province, that landlords and tenants are going to come together and be happy.

Daniel McIntyre, president of the Ottawa tenants' group representing 40 different groups, is not happy. He told me he would not sign the

agreement to do with this bill because it means housing is going to become less affordable for tenants in Ontario.

It does not make Dale Martin happy either. He is the former chairman of the Federation of Metro Tenants' Associations. He told me this bill was going to transfer millions of dollars to the landlords at the expense of the tenants and was not going to provide one more unit of housing. In fact, it is an excuse for the minister to say he has a policy so that the minister and the Premier can meet today to celebrate causing tenants to pay more rent in this province.

Are the developers happy? The minister says they are on his side. They have just launched a \$2-million advertising campaign saying this new bill is merely a stopgap and that it does not answer the question of how to produce more affordable rental units in this province. This is a sham. I put it to him that when every individual in this province has had a chance to assess what he has done here today, he is going to find that people are not going to buy it.

Mr. Reville: This is a historic day in the province and in rent review legislation. History will tell whether this legislation will do what the minister has promised it will do. It was introduced on December 16, 1985, again on April 22, 1986, and again today on June 5, 1986.

I am happy it is finally here. It is symbolic that the minister has withdrawn his first Bill 78, because I think he has also withdrawn the commitment he made to the tenants of this province when his government was formed. That has to do with all the rent review protections that were so clearly spelled out in the accord signed between the New Democratic Party and the Liberal Party of Ontario.

There is no way to determine whether this legislation will create one stick of rental accommodation in this province. That is a supply question. The minister should know that rent review is consumer protection, not supply. When the minister sat down to listen to tenants and landlords, he was listening to the landlords with his better ear.

I would like, however, to join the minister in thanking the members of the Rent Review Advisory Committee for their very hard work. They worked long and hard. They struggled with some of the most contentious issues in our society and they made some recommendations to government. However, they were working under a horrible constraint. The horrible constraint imposed upon them was the government's assured housing policy. They were deliberating

within that framework. It is not surprising that the New Democratic Party will find some difficulty in supporting some of the recommendations.

We are very anxious to get on with this debate. It has been a year since the tenants of this province were left in limbo by this government, and while one is still alive limbo is not a very good place to be.

I agree wholeheartedly that this is not the end of the process. There is need for strong and searching debate. The Tories have been bankrupt on housing policy for 42 years and are still bankrupt. What they have been able to do to bolster their speech today is quote from two prominent New Democrats, who find the process embarked on by the government is not to their liking. We will, of course, entertain any entreaties they may want to make to us about joining our party.

Over the next while, we in the New Democratic Party will be fighting with all of our not inconsiderable heart and soul to ensure that this rent review legislation works very well for the tenants of Ontario. I do not think the government has managed to achieve that. Some aspects of the bill are very important, and those are things we have been after for many years. I am surprised that it took the minister so long to find out what those elements were.

Those elements are indeed a rent registry, improvements to things such as costs no longer borne and universal rent control. Without universal rent control, tenants do not have control over their lives, which is what the New Democratic Party is fighting for on behalf of the people of Ontario. This is one area in which control over one's life is absolutely essential. We will continue to struggle on behalf of the tenants to make sure that occurs.

WORLD ENVIRONMENT DAY

Hon. Mr. Bradley: Today is World Environment Day, and I would like to outline the broad direction our government is taking to protect the people and the ecosystem.

Over the past year, I have tried to reinvigorate the Ministry of the Environment. We have stopped pampering polluters; further, we have put them on notice that drastic reductions are a must. In some cases—the acid rain polluters—strict abatement schedules are already on the books, and in other cases—the water polluters—those abatement schedules are being formulated. I hope to have our waterways' cleanup blueprint before the House shortly.

When we step back from the daily tussle, we can see that these measures are merely a first step. I can see the day when the only significant pollution sources in Ontario will be accidental spills. We are closer than we may believe to a time when routine, day-to-day disposal of persistent toxic industrial wastes into the air, water and soil will be seen as a destructive, unhealthy crime which society will not tolerate.

Industrialization has brought us great wealth. We must now harness this engine of prosperity so it does not clog our very life support matrix, the global ecosystem.

Already the dimensions of what we have thoughtlessly wrought are becoming apparent. Frightening accounts of our entire Great Lakes basin being a bowl of toxicity have surfaced within the past six months. Our food chain is being contaminated. We are poisoning ourselves slowly, and it is time to turn the situation around.

Within a few decades, all routine persistent toxic pollution must, and will, end. Our government is taking the first steps at home by preparing tougher air and water abatement measures which address, for the first time, persistent toxic pollution; but much of the damage is transboundary in nature, and beyond our direct control.

In the most immediate sense, we must deal with our American neighbours on several key issues. While this is sometimes a difficult process—witness acid rain abatement and the Niagara River cleanup negotiations—there is a good record of past achievement. One need only look southwest to Lake Erie, where our joint efforts have literally saved that lake's life from a near-lethal phosphorus overdose.

If working out agreements with our old friends to the south sometimes seems a daunting task, future environmental problems offer us no relief on the transboundary pollution front. Indeed, the future will bring us even more complex negotiating puzzles.

As the Chernobyl incident reminds us, many forms of pollution do not just cross a single border; they orbit the globe and threaten the wellbeing of the people of 200 nations. Furthermore, some types of pollution originate in a score or even 100 jurisdictions—consider the greenhouse effect, the disappearance of the ozone layer—these are going to be difficult problems for mankind to tackle.

Canadians have been among the first to recognize this phenomenon. Today is World Environment Day, an institution growing out of the United Nations' 1972 Stockholm conference on the human environment. Canada's own

Maurice Strong was instrumental in the success of that conference.

World Environment Day 1986 reminds us that even as we seek to clean our own house, we must develop institutions and mechanisms to grapple with problems that are bigger than any one of us.

Ms. Fish: The Minister of the Environment wrings his hands on World Environment Day and blames everyone else. He talks about cleaning up our own act. Where is the safe drinking water act? Where is the cradle-to-grave tracking of materials? Where is the legislation to alter the fines and penalties for polluters? Where are the promised improvements to water and sewage treatment? Where are the measures to discourage the use of leaded gasoline? The minister has not moved. He just talks.

Interjections.

Mr. Speaker: Order. I remind the members once again that interjections are out of order.

Mrs. Grier: I want to recommend to the Minister of the Environment that he read the statement I made earlier today, because his statement with respect to World Environment Day is merely a reiteration of the good intentions we have heard and is not concrete action.

PREMATURE DISCLOSURE OF GOVERNMENT POLICY

Mr. Gillies: On a point of privilege, Mr. Speaker: I rise to seek your guidance on what I consider to be a breach of standing order 18.

As you are aware, over the past several weeks we have read in the *Toronto Star* the details of several items scheduled to be presented before this House. Some specific examples include advance reporting of the government's amendments to Bill 94 and advance reporting of the announcements of the ministries of the Environment, Labour and Consumer and Commercial Relations.

We read in yesterday's *Toronto Star* the details of the new rent control legislation of the Minister of Housing (Mr. Curling), and today's *Toronto Star* contains some details of the forthcoming pension legislation of the Minister of Consumer and Commercial Relations (Mr. Kwinter).

We understand that simply reading about government policy in advance of its presentation in this House is not a matter of privilege. Item 95.7 in the Clerk's precedents book quotes several records which substantiate this.

However, Mr. Speaker, I would like to bring to your attention two specific points on this issue. First, we are no longer reading indications of government policy before it is introduced; we are

now reading specific amendments and pieces of legislation. I invite you to consider the difference. Policy musings are one thing, but details of legislation—actual amendments in the case of Bill 94—are of a slightly more serious nature and clearly demonstrate a contempt for the privileges of the members of this House. I ask you to give this serious consideration.

My second point relates to two individuals who have demonstrated contempt for this House and contempt for their government oath of secrecy. I understand that according to the precedents of this House as set out in item 96.3 of the Clerk's precedents book, I cannot rise on this point unless I am in a position to "name the offender and move that he be called before the bar of the House." I believe we are now in a position to do that.

The oath of secrecy taken by all public and civil servants, including special assistants and executive assistants to ministers, reads as follows, "I do swear that I will faithfully discharge my duties as a public servant and I will observe and comply with the laws of Canada and Ontario, and except as I may be legally required to do, I will not disclose or give to any person any information or document that comes to my knowledge or possession by reason of my being a public servant, so help me God."

I have two specific examples of breaches of this oath. One is named and quoted in the May 31 edition of the *Ottawa Citizen*. The other appears in this morning's *Globe and Mail*.

David Oved, special assistant to the Minister of the Environment (Mr. Bradley), is quoted on page 16 of the May 31 edition of the *Ottawa Citizen*. The article reads in part: "David Oved, a spokesman for Bradley, said the new provincial amendments"—note that it is as specific as the word "amendments"—"will increase the maximum fines, set jail sentences for those who commit flagrant acts of pollution and make provisions so that the province can recover some of the profits earned by a company...." The article goes on to refer to Mr. Oved several more times.

This action by Mr. Oved is in clear violation of his oath of secrecy and is in contempt of this House.

In the second example, in this morning's *Globe and Mail* the executive assistant to the Minister of Housing is quoted extensively on page 5. Mr. Goetz-Gadon is referred to three times, yet his boss, the Minister of Housing, is not quoted once. Mr. Goetz-Gadon has violated

his oath of secrecy and has demonstrated contempt for this House.

I move that these two public servants be called before the bar of this House to explain their actions and apologize to the House.

Hon. Mr. Nixon: I want to comment on this. The honourable member is grandstanding in this matter. If he wants to refer a matter to one of the committees, fine. If he wants to put a motion that is properly in order to call somebody before the bar of the House, fine. However, as far as I can see, these men have not violated any oath whatsoever. The matter to be debated is the subject of the bills that are before the House and what is reported in the newspaper is somebody else's business.

I suggest the motion should not be proceeded with.

Mr. Speaker: I have listened very carefully to the member for Brantford and to the government House leader. I am sure all members are aware that a decision must be made by the Speaker on whether or not it is a point of privilege before a motion can be put. Because of the lengthy detail in the member's presentation, I would like to reserve judgement and report back to the House.

2:40 p.m.

ORAL QUESTIONS

RENT REVIEW

Mr. Grossman: My question is for the Minister of Housing. The minister announced a policy today that changes the rules for the tenants of this province. Instead of facing a four per cent increase without appeal, the tenants of this province have been told by the minister today that in some cases they will face increases up to six per cent and in other cases increases up to 10 per cent. Can he tell us which tenants in this province will be helped by today's legislation?

Hon. Mr. Curling: All tenants in this province will be helped by this legislation.

Mr. Grossman: If a tenant, say in midtown Toronto, is currently paying \$500 a month for rent, after today's announcement he or she will be looking at a \$50-per-month increase or, on a \$500-per-month rental base, an extra \$600 per year next year. Can the minister explain to this House how that tenant, in essence paying an extra month's rent next year, has been put in a better situation as a result of the legislation the minister has announced today?

Hon. Mr. Curling: I was not good at math in school, but I thought I was alone. I hope the honourable leader will get a chance to read in

detail the bill that has been put forward, not the Globe and Mail or the Toronto Star. No rent will be increased unless it is presented under the rent review guideline.

Mr. Grossman: With respect to the minister, inviting us to read the legislation does not answer the question for the tenant who is paying \$500 a month and is looking at as much as a 10 per cent increase. Just to help the minister and the Premier (Mr. Peterson), who whispered that advice to him, let me point out that on \$500 a month, a 10 per cent increase is \$50 per month. If we multiply that by 12, we get a \$600-per-year increase, which is more than an extra month's increase on the base rent.

Given his announcement, made many times prior to today, that he is in a position of trying to help tenants and improve their lot, can he explain to that average tenant in midtown Toronto how his circumstances improve when he has to pay an extra one month's rent as a result of today's legislation?

Hon. Mr. Curling: Let me explain again to the honourable leader that no increase can take effect above the guidelines unless it is subjected to the guideline formula. If he speaks about 10 per cent or 15 per cent, then it has to be brought before the review process. That will decide what justification the landlord would need in order to increase the rent by 10 per cent, eight per cent, 12 per cent or whatever. It must come forth to be justified first.

GREAT LAKES WATER QUALITY

Mr. Grossman: I have a question for the Minister of the Environment. It is World Environment Day, and he treated us this afternoon to some information about frightening accounts of our entire Great Lakes basin being "a bowl of toxicity." He also cautioned us about how difficult it is to work out agreements with the Americans, with regard to Lake Erie and the Niagara River cleanup in particular.

Given that, I want to tell the minister that we spoke today with sources in the Environmental Protection Agency in the United States and with the International Joint Commission. They informed us that they have been waiting now for some six months to receive from his ministry information on raw data on sources of environmental pollution in the Great Lakes system, and that to date his ministry has refused to put forward that information. Can he tell us why?

2:50 p.m.

Hon. Mr. Bradley: As the Leader of the Opposition will know, the Ministry of the

Environment provides the information that is requested by international bodies, whether they be state or national bodies in the United States. In the exchange of that information, we have had a good relationship with both the EPA and the adjacent states. We will continue to do so. We will continue to work very hard with the adjacent authorities to ensure that they provide us with information and we provide them with information. Acting on that, we can come up with some remedial plans.

Mr. Grossman: Again, that is a self-congratulatory statement of the minister's general goals. I want to make a specific allegation. Having spoken with the American authorities, we allege that while they have supplied some 4,000 point sources and the raw data, Ontario has supplied information with regard to 200 point sources and has refused to give any raw data, which are what the IJC needs. What it has received from the Americans, it cannot get from Ontario. Does the minister deny the accusation that he has refused to release raw data information to the IJC and the EPA?

Hon. Mr. Bradley: I can indicate to the Leader of the Opposition that our ministry has, on all occasions, indicated it will be co-operative. In my view, it has been co-operative with the EPA, prior to my being the minister and since I have been the minister. We are prepared to provide that information to them when they make that particular request to us.

The member will also know that since most of the problems exist in terms of the information that we have exchanged, most particularly related to the Niagara River on the other side of the river, if one looks at the hot spots that are identified by environmental groups around the Great Lakes, one would note that most of them are on the American side of the river. Therefore, the information provided would be about far more spots on the American side of the river.

Mr. Grossman: The issue is not whether there are more sources on the American side. The fact is that the Americans have co-operated to the extent of providing all their raw data with regard to all their sources. I will read the minister's words. He says his government places "a premium on promptly and fully informing the public of all our environmental findings." If the minister means that, can he tell us why the Americans have released all their raw data on all their sources and he has absolutely stonewalled and refused to release any raw data on any of the Ontario sources which may be helping to pollute the Niagara River?

Hon. Mr. Bradley: I can tell the Leader of the Opposition that it is understandable that because of the stand Ontario has taken, particularly in relation to those negotiations related to the Niagara River, I would be surprised if there were not accusations made from the other side of the river, from American authorities, against the Ministry of the Environment.

Mr. Grossman: So deny the accusations.

Mr. Davis: Did the minister give them the information?

Mr. Grossman: Did the minister give them the information?

Mr. Speaker: Order.

Hon. Mr. Bradley: The Leader of the Opposition is not the Speaker yet.

As the member would know, we have taken a very tough stand in those negotiations.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Bradley: For that reason, I would recognize why that criticism would be forthcoming.

Mr. Grossman: Coverup, coverup—

PENSION FUNDS

Mr. Rae: I have a question for the Minister of Financial Institutions. He will no doubt remember that a few months ago he was interviewed by a newspaper about the withdrawal of funds from Dominion Stores' pension fund. He said that, upon reflection, he saw nothing immoral, illegal or unethical in the activities of Dominion Stores or of its chief executive officer or the person responsible for the overall policy of the stores, one Conrad Black.

Today the Legislature passed a historic resolution, which repudiates that position with respect to the extraction of surpluses from pension funds. Whose side is the minister on, that of the Legislature of Ontario or of Conrad Black?

Hon. Mr. Kwinter: Conrad Black is not an issue in this debate. At the time that comment was made, I was addressing a forum on pensions and suggested that in the eyes of the Pension Commission of Ontario there was nothing illegal, immoral or dishonest about taking that money out. That particular matter is before the courts, as the member knows, and we are awaiting their decision on one aspect of that particular situation.

Mr. Rae: One of the features of the budget was a couple of paragraphs of moral exhortation about the problem of corporate concentration and

corporate takeover. That matter has now been referred to a committee of this Legislature.

Is the minister aware that in the Genstar case, to name only one instance, the money used to finance corporate takeovers was taken from pension funds by the company attempting to finance the takeover? If he is aware of it, and he must be because it was on the front page of the Toronto Star, what does he intend to do to take steps to stop the corporate takeovers and, at the same time, to stop the extraction of workers' money from their own pension fund?

Hon. Mr. Kwinter: As I have informed the House in the past couple of days, I will be bringing forward our Pension Benefits Act, which deals with this issue. Members will have an opportunity to debate it in this House and to come to a resolution.

Mr. Rae: In the light of the resolution that was passed by the assembly today and because the minister's legislation, at least in the draft form which we have all seen, does not deal with this question of surplus skimming and indexation, will he at least agree to impose a freeze on the withdrawal of any funds until such time as the Legislature has the opportunity formally to put in place what it moved and accepted today by way of resolution?

Hon. Mr. Kwinter: The pension arrangements are matters of contractual arrangement between the employers and the employees. It would be totally unreasonable to change retroactively that contractual arrangement.

RENT REVIEW

Mr. Rae: I have a question for the Minister of Housing. Today the minister said on page 5 of his statement, "These recommendations represented a unique consensus between landlords and tenants."

I do not know. All I know is what I read in the papers and I have here a copy of a large advertisement.

Hon. Mr. Peterson: It is all in here. Why worry?

Mr. Rae: The Premier is getting exercise.

It is a large advertisement from the Fair Rental Policy Organization of Ontario whose members and, indeed, as I understand it, whose leader was the co-chairman of the minister's Rent Review Advisory Committee. This was not six months ago; this was yesterday after they had signed the so-called consensus. It says: "Ontario has a housing crisis. We have a solution. We believe the initial step towards correcting the rental

housing crisis in Ontario is to gradually phase out rent controls." That is the position of the same people who have signed this document.

Mr. Speaker: Question.

Mr. Rae: Why should we accept this document when the landlords have stated very clearly that their true objective and their real aim is the elimination of rent controls entirely in Ontario?

Hon. Mr. Curling: One of the most respected persons in this House is the leader of the third party. I say that because I believe in democracy.

The consensus arrived at was not reflected in the advertisement which members see there. We had 18 people working on this advisory committee, and the consensus being read here was signed by 18 members. This is an advertisement that is written by another group. This is a democratic country and it is very difficult for that party to understand that. They have a right to write whatever they feel. This is the consensus we go by.

Mr. Rae: It is not very much of a consensus if it collapses the day before it is announced in the Legislature of Ontario. That is the problem with the minister's consensus.

Mr. Speaker: Supplementary.

Mr. Rae: I want to ask the minister about one of his items on page 6, which refers to "the provision of a revised form of hardship relief for the owners of pre-1976 buildings."

Mr. Wildman: Hardship?

Mr. Rae: It is hardship relief for landlords, which is a novel approach for any government to take in Ontario. Who will pay for this hardship relief? Can the minister confirm that tenants in buildings that are described as historically depressed—and they will be historically depressed upon reading the minister's recommendation—will be paying even more than the five or six per cent limit, which we expect to be announced?

3 p.m.

Hon. Mr. Curling: With respect to the question from the leader of the third party, we recognize there are landlords who are having difficulty and who are having a hardship problem because of chronically depressed rents. However, if we had addressed those chronically depressed rents, the tenants of those units would have been faced with great increases in their rents.

The committee sat down and recognized those two problems. I have been working on how we will move on that without bringing hardship on

those tenants who live in those units. When that is being applied, it will not bring an exorbitant increase on the tenants living there, but it will be adjusted in a way that will be fair to both sides.

Mr. Rae: I look forward to seeing that and to understanding the details. I invite the minister to come into buildings in my riding that are described as historically depressed and explain to tenants who are making perhaps \$4.50 an hour why their rents should go up more than somebody else's because they are living in a building whose landlord he has designated as a hardship case. I invite the minister to come in. Perhaps he would like to do it soon.

This is the fact sheet on rent review that was handed out by the Ministry of Housing. Copies were sent out to literally tens of thousands of tenants, many of them by members of all parties, trying to explain what the government of Ontario intended to do. Is the Minister of Housing aware that, by virtue of his announcement today with respect to a change from the four per cent ceiling, a change with respect to guarantees of four per cent instead of a sliding scale, he has in effect simply torn up his earlier announcement?

Interjections.

Mr. Speaker: Order. I have just been advised that the power went off and that we are now on emergency power.

Hon. Mr. Nixon: Until the power comes back on, perhaps somebody can pull the curtains.

Mr. Speaker: I am certain someone may have heard that suggestion.

Hon. Mr. Curling: If anyone has pulled the plug on the tenants, it is the leader of the third party.

The rents will not increase dramatically. As a matter of fact, we did not renege on our commitment at all. As members can see, we were saying we would bring all private rental units under the Residential Rent Regulation Act. That has been done. The guideline, or the paper the member had in hand, was to explain exactly what our position is. If he reads it now, it stands very well as it was.

We had also promised to introduce a bill, as I said, to bring all rental units under the Residential Rent Regulation Act, and we have done that.

Mr. Gordon: The members of the House would probably agree that there are two types of individuals who are experts when it comes to landlord and tenant matters: the Fair Rental Policy Organization of Ontario people, who represent landlords, and the leaders of the tenants' groups.

Can the minister explain to this House why the fair rental group says his new bill just maintains the status quo, that it is merely a stopgap and that it does not increase affordable housing in this province? Can he also explain, given that they took those points of view, why he is now giving the landlords of this province such a big increase?

Hon. Mr. Curling: The Fair Rental Policy Organization took that point of view because over the years the previous government neglected to build any social housing. It was a matter of a meagre 2,000 in 1985.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Curling: We have a great lack of affordable rental stock on the market. In 1986, we have presented 6,700 new social housing units to accommodate the neglect of the previous government.

Mr. Gordon: This government has not built a unit yet, but that is beside the point.

Let us talk about the other experts—

Mr. Speaker: By way of question and supplementary.

Mr. Gordon: Mr. McIntyre was a member of the committee, but he did not sign the recommendations of that committee because he objected to the government putting in a new formula that determines the residential complex cost index and makes it, as he says, "pure gravy for landlords." He would not sign because he says it makes the affordable housing that does not exist much less affordable. He says the minister has not addressed the question at all.

Can the minister tell me why he did not bother to invite Mr. McIntyre to the party that is going to be held in the Premier's offices today?

Hon. Mr. Curling: First, I extend an invitation to the honourable critic to attend the party today. He has mentioned it about three times. The member for Sudbury (Mr. Gordon) is invited to come over this afternoon.

Dan McIntyre from Ottawa has made a tremendous contribution to the advisory committee. This is a democratic country, and he chose not to sign the consensus, but he is welcome to come to the party.

Mr. Gordon: Did the minister invite him?

Mr. Speaker: Order.

Mr. Reville: I do not think there is much to celebrate at this party.

I want to take the minister back to the matter of the so-called chronically depressed rents, which are under his landlord welfare section of the bill.

I want to attack his mathematics for a minute. Mr. Speaker, I hope you will bear with me while I pose the mathematical problem.

The minister will know that 80 per cent of people who are on social assistance live in private rental accommodation, and he will nod to indicate that he knows that. He will also know that if that building happens to be one of those with so-called chronically depressed rents, then the rents can go up by seven per cent. If I have a current rent of \$500 a month, a seven per cent increase is \$35 extra a month; if I am already paying 60 per cent of my income for rent, where do I find the \$35?

3:10 p.m.

Hon. Mr. Curling: Let me explain to the honourable member that before any increase can be awarded, it must be justified before the rent review process. Any increase will be limited to two per cent above what an individual is paying; so the increase is insignificant.

I understand the member's concern for the people who are earning such low incomes that \$20 or \$30 is a significant increase. The committee has recognized that and has said that if there should be an increase, it would be phased in over a certain time and no increase should be more than two per cent over what an individual is paying.

Mr. Reville: The minister understands more mathematics than I thought. Two per cent of \$500 a month is \$10 a month. If I am one of the tenants who is paying 80 per cent, 60 per cent, 50 per cent of income, I am already paying too much for rent. Where do I find the extra \$10 a month when I am already taking money out of my food budget to pay the rent?

Hon. Mr. Curling: Where will that individual find the money? As I said, a rent increase will not be allowed without justification and rent review. When the member asks me where that individual will find that money, I do not understand how I can answer that for him.

Ms. Fish: I have a question to the Minister of the Environment (Mr. Bradley). Is he within hearing? The minister was here moments ago. Is he here? Apparently the Minister of the Environment is not in the House. I will yield to my colleague the member for Brantford (Mr. Gillies).

TECHNOLOGY FUND

Mr. Gillies: I have a question for the Premier. I am referring to the Premier's news release dated May 29, in which he announced the \$17.5-

million grant to a computer centre called Exploracom. We have learned that this grant is not coming from the Ontario Development Corp., or through the Innovation Development for Employment Advancement Corp., or through Innovation Ontario.

It seems everybody in the government has the impression that this grant is coming out of the Premier's technology fund. As the Premier has not yet struck the council for his technology fund or laid down any guidelines or criteria for that fund, can he tell the House where this \$17.5 million is coming from?

Hon. Mr. Peterson: The member for Brantford answered his own question. It is coming out of the high-technology fund.

Mr. Gillies: This is passing strange. We have a Premier's Council, which is going to administer a technology fund. There is no council. There are no criteria for expending money under this fund, and in this case the money is going to a venture headed by Abe Schwartz, a very close friend of the Premier. Mr. Schwartz supported the Premier as leader of his party, was an adviser to him in opposition and was a member of his transition team.

Is this some special arrangement for a special friend, or can we assume anybody can walk into the Premier's office now and get similar treatment under his as-yet-to-be-set-up fund?

Hon. Mr. Peterson: Let me tell the member about Mr. Schwartz. He is a 29-year-old entrepreneur. When he was the age of the member, he was a millionaire. He was out making real jobs for people, not being negative. I just pass that on to my honourable friend.

The fund is also supported by people like Maureen McTeer—whom I know the member knows well, and he will be delighted to hear of her support—by Alan Eagleson and by similar people who think this is one of the most remarkable, creative new projects this city will ever undertake. Something like \$35 million is involved in the project, from both the public and private sectors. It is involved in technology transfer, education, hands-on computer experience. It will be revolutionary, unique in the world.

What always gets me about the members is they cannot stand good news over there. They just revel and wallow in bad news. They cannot stand it when my colleague comes up with the most innovative housing policy in the history of this province or of this country. They are against it when we are considering technological development, when we are going to bring Ontario to

the cutting edge of technological innovation in the world.

GRIFFITH MINE

Mr. Rae: I am delighted with that question from the member for Brantford (Mr. Gillies) and the answer, because it allows us to draw a contrast between what the government of Ontario is prepared to do for Abe Schwartz and what it has been prepared to do for Ear Falls and Red Lake and for those serving on a committee that has asked for anything from the government of Ontario and has received nothing.

The committee, chaired by Jack Stokes, has reached such a level of frustration that it has in effect disbanded its operations. Is the Premier aware of that? Is he aware that a letter dated May 23, 1986, has gone out from Mr. Stokes, saying, "Every effort we have made to explore the potential for economic development has met with governmental indifference and insensitivity to the plight of Ear Falls, which is going to lose over 60 per cent of its tax bases at the same time as governments and private corporations are extracting over \$60 million in terms of wealth every year from that part of the province"?

What does the Premier intend to do to give some hope, some practical idea of assistance, not just to Abe Schwartz and his high-technology, multimillion-dollar scheme but also to the people living in Ear Falls, who have got nothing from this government?

Hon. Mr. Peterson: I do not want to leave the impression that there is something for Abe Schwartz. The member may have the impression that there are no people in this world who want to make contributions, but this is nonprofit and he has spent hundreds of thousands of dollars of his own money developing it. I get tired of this constant negativism when people make real contributions. I hope I have disabused the member of the small-minded notion he has tried to perpetrate.

Let me answer the question about Ear Falls and the north. This government has been working night and day on exactly the question my honourable friend raised. It is our view that we need to respond on two levels, on a long-term approach to the problems of northern Ontario and on a short-term approach as well.

We have very serious situations, not just in Ear Falls but in other communities in northern Ontario as well. A considerable amount of time was spent on this question in cabinet yesterday. The meeting of the policy and priorities board of cabinet this afternoon will be spent on the

question. It is my hope that by the end of the month, and I cannot give a specific date, we will come forward with specific initiatives, both short-term and long-term, that will address exactly the problems raised by the member.

Ear Falls was kept going. Government gave \$5 million by way of tax relief or tax expenditure to keep the mine going for a year to get the previous government by the last election, but the inevitable happened. We are looking at a wide variety of initiatives, not only at the existing resource bases—forestry, mining and others—but also at other approaches we can take in terms of bureaucratic responses and building the government presence in the north, and in terms of looking at private sector initiatives and tourism as well as at the existing strengths. It is our highest priority at the moment, and I expect to have an announcement that the member will think is constructive.

Mr. Wildman: If the Premier and his government are sincere in attempting to respond to the real needs of resource-based communities such as Ear Falls, can he explain why the chairman and the rest of the committee appointed by the government have come to the conclusion that, "In spite of our efforts to enlist the aid of several ministries at the federal and provincial level, absolutely nothing was done to assist us in this endeavour"? Why would they come to the conclusion that, despite their honest efforts, "There is absolutely no commitment by either the federal or provincial governments to assist us in our hour of need"?

Why would the chairman of the government's committee come to that conclusion if this government had a commitment to northern development? Why were the very positive suggestions made by this committee for alternatives to deal with the problems of Ear Falls not responded to by this government?

Hon. Mr. Peterson: We are taking the approach of the suggestions made there as well as by the Rosehart committee, a wide-ranging committee of which I gather the member for Algoma (Mr. Wildman) was a member; it did some excellent work and made suggestions we can specifically adapt to the situations there. My honourable friend will see some announcements by the end of the month. I hope they will go at least some way towards addressing a serious problem.

Ms. Fish: I have a question for the Minister of the Environment (Mr. Bradley) if he will present himself in the House. He was here for his statement. It is World Environment Day. Will he

grace this Legislature with his presence, or is he running for cover to find the answers to questions he could not respond to before?

Mr. Speaker: Order. I do not see him. New question.

Mr. Gillies: I fear the Premier protests too much. I did not say in my question that I thought Exploracom was a bad project.

3:20 p.m.

TECHNOLOGY FUND

Mr. Gillies: I have a new question of the Premier. His nonexistent Premier's Council for his as-yet-not-set-up technology fund has approved one grant of \$17.5 million for a close personal friend of his. If he is as concerned about the appearance of that as we are, will he table the submission that Mr. Schwartz's group made for his consideration? Will he table the minutes of the technology fund meeting at which, presumably, it was approved? Will he table anything and everything he has that can dispel the impression that may be left that this submission got special treatment?

Hon. Mr. Peterson: First, I am concerned about substance; the member is concerned about appearances. That is the difference between us. Let me say to my honourable friend that, as he knows, the Premier's Council will be an advisory council giving advice to the executive council, which will make the actual spending decisions. That is the way it is and it always will be.

It is a \$100-million fund, as the member knows, and we will be making a variety of decisions over a long period. I will be reporting to the House in the not-too-distant future about the Premier's Council. This was the first decision that was made. I am very happy to share information with members.

I am glad the member will finally stand up to say, "It is a good project and I support it." Why does he not put that in the preamble of his question so people will not get a false impression of his views on the subject?

Mr. Gillies: I can understand the Premier's sensitivity. The people of Ear Falls are still waiting, and my landslide victims in Brantford are still waiting, but a friend of the Premier's can waltz into his office and walk out with \$17.5 million.

Can the Premier tell this House whether other submissions for his technology fund were considered by his office at the same time as he was considering the submission by Mr. Schwartz? Can he tell us a bit about them, about their merits

and demerits, and whether he will be approving any of those in advance of his fund being properly set up?

Hon. Mr. Peterson: We may well. We are looking at a variety of initiatives.

What is so heartening to us is that this high-technology fund and our new creative approach have been greeted with such widespread support in the industry. A lot of people are excited about the prospects.

Mr. Grossman: We did not ask you that. Where are the documents? Will you table the documents?

Hon. Mr. Peterson: The member wants all the information. I am happy to share it with my honourable colleague. I am happy to share with him the enthusiasm that has been felt across this province. It is felt that we need leadership in this area. A number of ideas, suggestions and submissions have come in. We will be dealing with them in due course.

We may very well make more decisions prior to the formal introduction of the council. We may very well, because time is somewhat of the essence. After all, we are trying to make up in a short space of time for 42 years of bungling.

Interjections.

Mr. Speaker: Order. I will wait if members want to waste other members' time.

RIO ALGOM

Mr. Charlton: I have a question for the Minister of Energy. The minister will be aware that Ontario Hydro has just renegotiated its uranium contracts with Rio Algom.

Can the minister explain to the House why a public corporation, which operates under the authority of this government, can find ways to renegotiate a contract with Rio Algom so it reduces the annual output of ore from those operations and extends the life of the contract, thereby guaranteeing the profits of the company, but cannot find ways to protect 200 jobs in Elliot Lake?

Hon. Mr. Kerrio: As far as I am concerned, as the negotiating of those contracts went on, Ontario Hydro was faced with the reality that uranium can be purchased in Saskatchewan for half of what it is costing at Elliot Lake.

What has happened now in the renegotiating of the contracts is that the jobs are guaranteed at Elliot Lake by extending—the member shakes his head, but those jobs are going to be protected because they are going to be ongoing for the life of the contract.

Everyone realizes the uranium from Saskatchewan is on top of the ground and that at Elliot Lake it is in the hard rock. I am not sure everything that could have been done was done, because I was not privy to the negotiations. I am pleased that Elliot Lake is going to continue to be viable and that we can keep those mines open.

Mr. Wildman: Surely the minister is aware that Rio Algom has announced the layoff of 200 men. If he is aware of that, and if he is aware that Ontario Hydro has paid for the mine and the infrastructure and has guaranteed the profits for Rio Algom, is he prepared to suggest to Ontario Hydro that it put together a package that will assist in early retirement so those jobs can be eliminated by attrition rather than by layoffs?

Mr. Speaker: Minister.

Mr. Wildman: Also, is he prepared to agree to the proposal of the committee that has just reported, that the resource—

Mr. Speaker: Order. Minister.

Hon. Mr. Kerrio: I am prepared to go forward with anything we can do to protect jobs in northern Ontario. As our leader has just told the House, we are taking initiatives that are going to do a great many things to help the people in northern Ontario. Keeping those mines open is one of the things that is quite important to the future of Elliot Lake.

There have been layoffs throughout northern Ontario, but if we can keep those mines open to protect the rest of the jobs that are in jeopardy, that will be an accomplishment. We will take the member's concerns forward. I am not prepared to do anything that is counter to good involvement in negotiating on keeping all those jobs available to the people in Elliot Lake.

PROPERTY REASSESSMENT

Mr. Cordiano: I have a question of the Minister of Revenue. Is it his intention to impose market value assessment on Metro Toronto if the councils do not support the reassessment as proposed by the chairman's task force?

Hon. Mr. Nixon: Members of the House know that the Metro chairman established a task force some months ago which reported, I guess, about a month ago. Various city councils of the metropolitan area are deliberating on whether to accept any or all of the recommendations. It is my hope that all the cities will pass resolutions recommending that reassessment take place on a Metro-wide basis. I believe it would be in the best interests of the ratepayers themselves.

In direct answer to the question, I believe the responsibility for making that decision must lie with the elected members of the various councils. It is not my intention, with the information that is available to me at this time, to attempt to rally support in this House to impose anything the councils feel is not in the best interests of the proper financial conduct of their municipal affairs.

Mr. Cordiano: I guess the minister is saying it is up to the individual councils and he will leave it to their autonomy as to whether the passage of reassessment will take place.

Hon. Mr. Nixon: The honourable member and others know the House has the power to impose reassessment, whether or not it is accepted at the local level. My own strong feeling, and my observation in this matter, is that if it is requested by the councils, if they are fully involved in the planning leading up to the decision and if it is accepted by the ratepayers—many of whom will benefit, while others would pay more taxes; there is no doubt about that—it leaves a substantial political dilemma for those people who sometimes are more sensitive to the winds of politics than they perhaps should be.

3:30 p.m.

FIGHTING ISLAND

Ms. Fish: My question is to the Minister of the Environment. I am so pleased to see him back.

While in opposition, the minister's party claimed to be quite concerned about the condition of an area of this province that his leader referred to as a disgrace; indeed, he went on to refer to it as a veritable cauldron of toxic chemical waste. The area is Fighting Island. What has the minister done in the past year to deal with that?

Hon. Mr. Bradley: Within a month or a month and a half of becoming Minister of the Environment, I visited Fighting Island personally as part of an excursion that went to Windsor to deal with the Zalev Brothers' problem, which had been festering for some time, and to the Sarnia area, which was beginning to be identified as a problem area. I visited Fighting Island at that time with my officials, American officials and company officials to observe any problems the island might be encountering. Specifically at that time, people had expressed concern over the visual problems that had existed, the dust that was blowing over towards the Windsor area and so on.

In co-operation with our friends on the American side, we have continued to do testing

in that area to determine the extent of the problems. I expect the report on the interlocking lakes, the international lakes, the upper and lower lakes, will be forthcoming quite soon under the auspices of the International Joint Commission.

Ms. Fish: The area is either a simple aesthetic eyesore or a veritable cauldron of toxic chemical waste. Does the minister stand behind his leader? If so, what has he done specifically to deal with what his leader has termed "a veritable cauldron of toxic chemical waste"?

Hon. Mr. Bradley: If the member asks me whether I stand behind my leader, the answer is yes. That happens in this party.

I will try not to sound partisan in this regard. The member knows I try to do that in the House. One of the things I found while I was at Fighting Island was that some problems that had been identified had not been addressed. They required an international connection. On Fighting Island, as the member mentioned, there are two problems: the visual problem or the nuisance problem and the potential for serious toxic substances.

In conjunction with the Department of Natural Resources in Michigan and the two national bodies, we have done extensive studies that will pinpoint the specific problems related to Fighting Island. When we pinpoint those in a very specific way, we can come forward with the abatement program that is necessary.

JANITORIAL SERVICES

Mr. Mackenzie: I have a question of the Minister of Labour. Will the minister tell this House what he is doing about the 22 cleaners, 20 of them women, members of Labourers' International Union, Local 183, who have lost their jobs at the Aetna building, formerly York Centre, as a result of the contract with Concord Building Maintenance being put out to tender for the first time in 14 years by Olympia and York, after the workers managed to get organized and negotiated a collective agreement? Surely the minister has been around long enough to recognize straight union busting.

Hon. Mr. Wrye: We are looking at the individual circumstance. We have not made any determination on whether what the honourable member suggests is actually going on. As I previously indicated to the House, we are also looking at this whole issue in a very active way. It is a very complex one. We are looking at it as part of a general review we are making of the Ontario Labour Relations Act.

Mr. Mackenzie: The minister will recognize that these cleaners, who have now lost their jobs, join those at the Elizabeth Briar Health Centre in Ottawa, who did manage to get back to work at a loss of \$3 an hour, and those at the Gateway post office in Mississauga, who could be out of work at the end of the month. Does the minister not understand the desperate job situation of these people? Can he tell us when he will take action to ensure, through successor rights legislation, that they do have some protection in the jobs they have? How many more have to lose their jobs before we see some action?

Hon. Mr. Wrye: I understand the member's concern. It is an issue that is perhaps a touch more complex than the member makes it out to be. I assure the House we are looking at it very carefully. It is a problem that appears to be most specific to that industry in that area. I am well aware that the group most often affected is female and often immigrant workers. We are looking at it very seriously. In trying to solve the problem, we do not wish to create new and even greater problems and an even greater degree of unfairness.

ENVIRONMENTAL ASSESSMENT

Ms. Fish: I have a question of the Minister of the Environment. Last year, in answer to a question from the Project for Environmental Priorities, his leader responded to the following question, "Will you support a strengthening of the Environmental Assessment Act by restricting the exemption process and by extending the full application of the act to private sector projects?" with a simple yes. Can the minister tell me why he has not done so?

Hon. Mr. Bradley: I find that a rather interesting question from the member for St. George, when she is presumably speaking on behalf of her leader, who goes to one end of the province and says one thing then comes into the House and says something else. He goes to a business group and he gives one story about exemptions and he comes into the House and has his critic ask a question that involves bringing in the private sector. I am wondering what her party's position is on this.

Interjections.

Mr. Speaker: Order.

Ms. Fish: I am sadly disappointed that the minister has refused to answer and that he treats the question as a flip one; so I will ask it again.

Last year, in answering the question, "Will you support a strengthening of the Environmen-

tal Assessment Act by restricting the exemption process and by extending the full application of the act to private sector projects?" his leader answered yes. Particularly in view of a May 2 letter to the minister from a group called PORT, dealing with private waste disposal sites, will the minister move now to extend the application of the act? Why has he not done so to this date?

Hon. Mr. Bradley: I am interested now I know what the position of the member's party is. It wishes the act to be extended extensively into the private sector. When her leader goes to the regional conferences, which he does for the Progressive Conservative Party, that is the position he has to give.

Interjection.

Hon. Mr. Bradley: They report back to me when they go there. Believe it or not, I have good friends in the Conservative Party.

In response to the question the member asked, we evaluate applications and requests on a case-by-case basis. If there are any cases that require extension into the private sector, we are certainly prepared to do that. The member knows that.

Mr. Harris: That is not what the Liberal Party leader said and it is not the position the minister had a year ago.

Mr. Speaker: Order. I did not call for any further supplementaries.

EQUAL PAY FOR WORK OF EQUAL VALUE

Ms. Gigantes: My question is to the Premier. Women in Ontario do not know why we are being asked to wait for equal pay legislation, but perhaps we can learn a little bit more about what we are being asked to wait for, in particular on the question of coverage as it will affect equal pay legislation in this province.

I would like the Premier to comment on the many submissions made to the hearing panel, including that by the Chinese Canadian National Council, which said, "To apply size restrictions on the application of pay equity"—that is employer size—"would be analogous to limiting the coverage of minimum wage regulation." They pointed out that many Chinese-Canadian women, especially new immigrants, are ghettoized into the low-paying jobs, particularly in garment factories, service industries and within their own ethnic communities.

Can the Premier tell us whether the equal pay for equal work legislation is going to cover all women who work in Ontario?

3:40 p.m.

Hon. Mr. Peterson: We spent time today being criticized for speaking out ahead of time about what is going to be in the policies when we announce them. We cannot win in this House. We get criticized whatever we do. It is not easy being in government with all this criticism.

I was not aware of the specific brief the member talked about, but I think I have some understanding of the general point made. That is the kind of problem we want to address.

A final determination has not been made on the details. That is why we are consulting so very widely across the province. I know my friend is impatient with us and would have liked us to move some long time ago. As she knows, there is a massive consultative process going on. We want the legislation to be right and we want to hear the views of all the people who want to express their views on it. That is why I am not in a position to tell her the answer to her question today.

Ms. Gigantes: I think what is going on is not a massive consultation; it is a massive confusion in the Liberal Party about whether they are going to address, not details, but principles in the legislation on equal pay for work of equal value. Does the Premier remember a gentleman who said: "We have had enough public discussion on this matter. We have had hearings and debates and all of us who believe in progress are disappointed there has not been more progress"? It was the Premier in 1983. Does he remember that? Where is the principle? Who is going to get covered?

Hon. Mr. Peterson: The minute we had the opportunity to do so, we adopted the principle. That is something that had never been done before. Now we are into the specifics only and we are working on those specifics. We will have a program after wide consultation. We have said we are moving on the project. I do not know what more assurance the member needs. She can stand up every single day with her suggestions that we should move faster, and that is fair enough. However, it is like a lot of other things. It would have been nice to move faster on the housing package brought forward today. It is very well thought out. There has been a tremendous amount of work put into it by a lot of thoughtful people. What we produced in the House today is right. We will do the same thing with the equal pay legislation.

FOOD LAND PRESERVATION POLICY

Mr. Stevenson: I have a question for the Minister of Agriculture and Food. Does he

approve of the use of class 1 agricultural land as landfill sites in Ontario?

Hon. Mr. Riddell: No. I think the member is aware of our food land preservation policy, which has been disseminated widely for comment. Some comment was not very favourable and other comment was quite favourable. I think the member knows my stand. We should preserve class 1 agricultural land wherever possible. My ministry gets to comment on most of the land that is being designated for other purposes. If it is class 1 land, they comment that it is land that should be preserved for agricultural purposes.

Mr. Rowe: The minister has mountains of rhetoric out there pretending to be the protector of the farmer. Can he tell me why the Ministry of the Environment is forcing a landfill site in Tiny township on 150 acres of prime agricultural land when all four surrounding municipalities are opposed to the move? Why has the minister sold the farmers out to the Ministry of the Environment?

Hon. Mr. Riddell: It is obvious the question list over there is pretty well exhausted. These are questions on the spur of the moment. The member knows the Minister of the Environment (Mr. Bradley) is not forcing that issue.

DISMISSAL OF EMPLOYEE

Mr. Martel: I have another question for the Minister of Labour, who looks after the swamp. Does the minister recall that in January I asked him to send an inspector in to Imperial Oil because it was threatening to fire a man by the name of John Buklis, who was a company appointee hired to look into occupational health and safety?

If the minister can recall that, can he tell me why his inspector went in and spoke to management, then got on the intercom and phoned the worker to tell him to come to the main office, where the worker found himself dismissed. Because I am not going to get a supplementary, maybe I will ask my supplementary right now. Will the minister investigate this man's dismissal?

Hon. Mr. Wrye: I recall discussing this matter with my friend the member for Sudbury East. If I am not mistaken, this is the gentleman in Sarnia. I remember the discussion we had.

One of the problems I want to share is when the inspector goes to the plant, usually it is kind of difficult for the inspector to find the worker without somehow having him paged, telephoned or whatever. Obviously, what grew out of the

problem is the concern of my honourable friend. I will look into what happened at the end of the process. We will not be very pleased if that company has taken that action for those reasons.

TABLING OF INFORMATION

Mr. Wildman: On a point of order, Mr. Speaker: I want to draw your attention to Orders and Notices and the inquiry of the ministry standing in my name, question 282. You will note I tabled this question on May 15, 1986. It is my understanding, according to the rules of this House, the ministry must respond within 14 sitting days.

Three weeks have now gone by, and we still do not have an answer. I ask you to review this matter, bring it to the attention of the ministry and direct the ministry to follow the rules of this House.

Mr. Speaker: I know the member is fully aware of the rules and I am certain the government House leader will take note.

Mr. Sterling: Mr. Speaker, earlier this week I asked the Solicitor General (Mr. Keyes) about the courthouses in Ingersoll and Woodstock. He replied, "I will doublecheck that and be sure to get back to the member this week with an answer to those issues in those two centres." I have not received that answer.

Mr. Speaker: Thank you for the point of information. I am sure the minister will take note of it.

POWER FAILURE

Mr. Speaker: The members are aware that earlier today the member for York South (Mr. Rae) created some darkness in the chamber. The Minister of Government Services would like to explain why.

Hon. Ms. Caplan: I want to shed some light on the occurrence during question period when the power failed. I know many members of this House were concerned that perhaps it was caused by sparks raised during the somewhat exuberant and theatrical performances of question period. Others were concerned that perhaps the leader of the third party had created such a storm that the lights went out.

What did happen was that there was an electrical storm outside this building and the power was interrupted for a short period. There is an emergency generator here in the building, which takes a few minutes to kick in. I want to assure the members that the power has now been fully restored. We do not expect there will be an occurrence again today.

Mr. Harris: Is this the time for responses to ministerial statements?

Mr. Speaker: No, it is not.

PETITIONS

EMPLOYMENT

Mr. Ramsay: I have a petition here on behalf of 123 people in the town of Cobalt. It is to the Premier (Mr. Peterson) and the government. The petition, in its own words, states:

"This is a petition requesting more mining-related, long-term jobs in the Cobalt mining camp. We are waiting to see some kind of action on this jobless situation."

SALE OF BEER AND WINE

Ms. E. J. Smith: I wish to present two petitions. The first is from the members of the United Church in the Lindsay Presbytery of the Bay of Quinte Conference. It bears roughly 100 names petitioning against the sale of beer and wine in corner stores.

ONTARIO HUMANE SOCIETY

Ms. E. J. Smith: My second petition has the signatures of about 65 citizens of London requesting further funding for the Ontario Humane Society.

3:50 p.m.

HIGHWAY CONSTRUCTION

Mr. Wildman: I have a petition signed by 154 residents of the very small community of Missinabi:

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"That the Ministry of Transportation and Communications provide the funds to upgrade and straighten out a number of dangerous curves on the road connecting Missinabi to Renabie Gold Mines and Missibay Mining Inc."

SOVIET REACTOR

Mr. Henderson: I have a petition, which reads:

"To His Honour the Lieutenant Governor and the Legislative Assembly of Ontario:

"Whereas we are deeply concerned about the Chernobyl nuclear disaster and subsequent Soviet response to the emergency situation, we therefore petition:

"That the United Nations form an international investigative committee of scientists and medical

experts to enter the Ukraine to assess the extent of danger;

"That Ontario and Canada declare their preparedness to contribute emergency aid—medicine, food, technical personnel—as needed;

"That Ontario and Canada announce an open-door policy for family reunification and sponsorship of immigrants wishing to leave the Ukraine; and

"That the Union of Soviet Socialist Republics permit communication between Canadians and other relatives in the Ukraine.

"Your voice in defence of the physical and mental health of people affected by the Chernobyl tragedy will enable many Canadians to once again open heart and home to those in need."

It is signed by about 20 constituents of Humber.

INTRODUCTION OF BILLS

RESIDENTIAL RENT REGULATION ACT

Hon. Mr. Curling moved first reading of Bill 51, An Act to provide for the Regulation of Rents charged for Rental Units in Residential Complexes.

Motion agreed to.

UPHOLSTERED AND STUFFED ARTICLES AMENDMENT ACT

Hon. Mr. Kwinter moved first reading of Bill 57, An Act to amend the Upholstered and Stuffed Articles Act.

Motion agreed to.

Hon. Mr. Kwinter: I am introducing today amendments to the Upholstered and Stuffed Articles Act. In addition to a few minor housekeeping changes, the amendments include a substantial increase in penalties that may be levied for contravention of the act's registration, labelling and other requirements.

TRAVEL INDUSTRY AMENDMENT ACT

Hon. Mr. Kwinter moved first reading of Bill 63, An Act to amend the Travel Industry Act.

Motion agreed to.

Hon. Mr. Kwinter: I am pleased to introduce today the Travel Industry Amendment Act, 1986. The bill includes a number of amendments to ensure the best possible protection for the Ontario travelling public and to facilitate the ministry's dealings with failed or failing companies.

In addition to certain housekeeping changes and clarifications, the bill provides for increased

communication by Ontario's travel registrar with other regulatory bodies and law enforcement agencies.

New provisions also allow the director of the consumer protection division to apply to court for direction on disposition of the frozen assets of a failing registrant and for an order to appoint a receiver and manager.

ORDERS OF THE DAY

WITHDRAWAL OF BILL 78

Hon. Mr. Curling moves that the order for second reading of Bill 78, An Act to provide for the Regulation of Rents charged for Rental Units in Residential Complexes, be discharged and that the bill be withdrawn.

Motion agreed to.

POLL

Hon. Mr. Nixon: Before calling the next order, and in line with government policy, I want to table a poll entitled, A Summary of Tracking Data from Studies Undertaken between January 1980 and May 1985, for the Ministry of Energy.

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

On section 2:

Mr. Chairman: I would remind members that when we left off yesterday, just before breaking, the member for Lincoln (Mr. Andrewes) corrected his amendment in two places, changing references to section "11" to "22."

Miss Stephenson: Could I just hear that again?

Mr. Chairman: Section "11" was changed to "22." The "11" was incorrect.

Miss Stephenson: Thank you.

Mr. Chairman: The member for York Mills (Miss Stephenson) had the floor when we left off, if she wishes to resume; unless there is a reply to her comments.

Mr. D. S. Cooke: On a point of order, Mr. Chairman: Could I ask if there is agreement in the House to stack the votes this afternoon in order to expedite these matters? Perhaps the Conservatives could respond.

Miss Stephenson: "Expediate" means to eliminate. Does the member mean "expedite"?

Mr. Chairman: Is there any agreement to stack votes? No, there is not.

Mr. D. S. Cooke: Again, the Conservatives are delaying action on this bill. We are on day four and we are still on section 2. No progress has been made on the ban on extra billing because the Conservatives are deliberately delaying this bill.

Mr. Andrewes: I will make a comment or two about the remarks of the member for Windsor-Riverside (Mr. D. S. Cooke). This bill went through very extensive public hearings in committee. At that time, several groups indicated there were concerns. It is probably one of the major issues that is going to confront this Legislature in this year and in many years to come. I would suggest the member is somewhat flippant in suggesting that a bill of such major proportions as this should not receive a fairly thorough debate in this Legislature. We have been three days on clause-by-clause study. The committee downstairs has spent at least three weeks on clause-by-clause study of Bill 30, another bill that is of substantial impact and importance to this Legislature.

4 p.m.

If the member for Windsor-Riverside is going to dismiss this piece of legislation because, in his view, it is simply a matter of getting the job done and everything will be hunky-dory in the world around us, I want to say we have invited his party and the government party to reach a number of compromises on this issue that would save us the kind of turbulence going on in the health care system today. They have rejected those compromises, and we will keep making those offers, either in the form of amendments or in the form of debate. It is the prerogative of a democratic society, and we will be exercising that prerogative.

Mr. D. S. Cooke: So members of the Legislature and anyone who might be watching these debates on television understand, every day the Conservatives manipulate the Legislature on a bill that has very few sections, a bill which cannot be compared whatsoever to Bill 30, which is lengthy and much more complicated with respect to legislation than this bill, amounts to \$200,000 more in extra billing that people will never get back in this province.

The principle of this issue has been debated for 16 years. Public hearings were held by health councils last fall. Extensive second-reading debate took place in the Legislature. Public hearings were held by the standing committee on social development. We have had ample discus-

sion on this bill. The reality is that the Conservatives are still fighting the principle of the bill. They do not want a ban on extra billing and they enjoy seeing patients in this province being extra billed at the rate of \$200,000 a day. This is a filibuster, and there are no two ways about it.

Mr. Harris: Mr. Chairman, are we on a point of order?

Mr. Andrewes: Speaking to the point of order, where does the member for Windsor-Riverside get his figure of \$200,000 a day?

Mr. Chairman: We are not on any point of order. The member for Windsor-Riverside stood up to speak and was recognized.

Mr. Harris: What I heard from the member for Windsor-Riverside had absolutely nothing to do with the legislation. If he thinks standing here and wasting time in his speeches, talking about mechanics or his party's or some other party's position on things that have nothing to do with the amendments is helping this process, then I beg to differ with him.

Second, I implore you, Mr. Chairman, let us keep the debate on the subject and never mind the garbage we have heard for the past 10 minutes.

Mr. Chairman: The member for Windsor-Riverside is not the only one who has strayed in the considerations of these amendments.

Mr. Andrewes: The Chairman is looking at me.

Mr. Chairman: I was not really looking at anyone in particular, but if that person felt guilty, so be it.

Does any other honourable member wish to take part in the debate on this amendment?

Mr. Henderson: I must say to my friend the member for Windsor-Riverside that I am one of those who does not feel there has been enough debate on this bill.

Mr. D. S. Cooke: It is a tag-team match with those three.

Mr. Breagh: There are too many Tories on all sides of the chamber.

Mr. Harris: The member does not understand debate.

Mr. Henderson: I understand democracy very well and I understand the use to which my colleague puts the fact I have come to some views that have some similarities with the views of some of my colleagues on the Tory side. We have not conferred. They have not developed their thoughts in consultation with me, nor vice versa.

It happens that people who know something about this issue seem to come to points of view that have certain similarities. I make no apologies at all to the member for Windsor-Riverside for the fact that the views I am offering have a similarity to some that are coming forward elsewhere in the House.

It is a gross and really factual error to say that anybody who proposes a constructive amendment to a section of this bill is fighting the principle. A principle, I suggest, is something to do with an aim, an intent or an objective that one hopes to reach through a piece of legislation, such as a principle of ensuring accessibility or a principle of avoiding a two-tiered system of health care. I endorse that principle. I suspect just about every member, if not every member, of this House endorses that principle. There is, as far as I am concerned, no issue of principle at all in this amendment. The issue is of method and of the details of a piece of legislation by which one hopes to achieve or fulfil a principle to which just about every member of this Legislature subscribes.

This is not, in my opinion, a debate or a discussion about principle. It is a debate about measures of an act designed to achieve a principle in a certain way. The people who, in my opinion, are very constructively proposing amendments are saying there are better ways to go about it. In effect, that is rather what I am saying right now, that this amendment is extraordinarily sensible. It does have some similarities to the amendment I put forward a couple of days ago, and I will say a word or two about that presently. It is going to have what limited bipartisan support I can send in its direction, because I feel this amendment deserves support. We will work on having tripartisan support, but I have some doubts about that.

There are several points of difference in this proposed amendment from the one I put forward. My amendment said nothing about premium assistance under the Health Insurance Act. That could have been introduced at some point under my amendment by regulation. That was provided for, but the notion of premium assistance under the Health Insurance Act was not incorporated in the suggestion I put forward in my amendment to section 2; nor was any mention made of disability pension under any public or private pension plan. That was not a part of my amendment. It could similarly have been covered under regulation but was not spelled out in the amendment.

No mention was made in my amendment of vocational rehabilitation services under the Vo-

cational Rehabilitation Services Act. That was not provided for in my amendment; nor was any public financial assistance prescribed by the regulations mentioned in my amendment.

This amendment, therefore, differs in those respects on the groups excluded from being billed at a rate greater than the plan rate.

Another difference in my amendment is that the whole question of quotas was introduced in my amendment and has not been mentioned in this amendment. The idea I put forward was that, given that a sufficient number of practitioners in a particular area, clinic or hospital would be opted in, or given that a particular practitioner would opt in for half of his practice, the patient would indeed be assured of choice in this matter of the contractual arrangement he wishes to have with his physician. There would be no impairment of accessibility nor any step in the direction of a two-tiered system. That feature of my amendment, which is nowhere suggested in this amendment, is yet another point of difference; so I think whoever made the argument this amendment is the same as the one I put forward is wrong.

As for these points of difference, I do not wish to make an issue of them. It may be that some of them have to do with the fact that more minds went into the preparation of this amendment than went into the preparation of mine. That is okay. My amendment carries with it a certain assurance of individuality, which may or may not be seen as an advantage.

4:10 p.m.

With regard to subsection 2(2) of this amendment, I find myself wondering whether, should such a proposal become law, it might be just a little easy to abuse. Perhaps I should say it would be necessary to decide what would be put in place to ensure that a physician who inadvertently billed someone more than the plan rate was doing so inadvertently. I do not know quite where the burden of proof would fall with this subsection of the amendment. That might require some thought.

With regard to subsection 2(3) of the amendment, the question of repayment is a useful principle. If it is a valuable idea, I hope the fact of it being there in principle might be enough. I imagine the actual arrangement for repayment could become rather cumbersome if it turned out to be necessary on a substantial scale. However, it is a fine idea, a sensible provision to put forward for dealing with a so-called infraction that seemed to be technical rather than of any particular moral imperative, if it were an

infraction at all; of course, it would be under the terms of some versions of this bill.

As to subsection 2(4), I am not exactly sure what "reasonable prior notice" would mean. I hope it could be very much individualized, but I do not know whether the realities of legislation and the facts of bureaucratic administration would allow for as much flexibility as might seem to be optimal. Obviously, what "reasonable notice" is depends a great deal on whether you are talking about some procedure for elective surgery that is booked three months ahead or whether a patient is being rushed to a hospital for an emergency appendectomy.

I want to echo the comments of the member for York Mills that this amendment puts before the House yet another opportunity to consider in a very serious and sober way whether some of the measures of the bill are necessary in pursuit of the objectives that are set forward, which as I have said I think we all embrace.

I think sober second thought and reconsideration is very much the advisable order of the day, even given the comments of the member for Windsor-Riverside about the fact that this has been kicked around quite a bit now. I suggest that "kicked around" is precisely what has occurred. What is needed now, and I hope this committee of the Legislature can play some part in it, is some real, rational, reasoned, sober, reflective examination—politics and rhetoric aside if possible—as to whether the specific detailed measures of the legislation are going to help achieve the worthwhile objectives that are put forward. In my view, this will not be the case.

Similarly, I echo the views of the member for York Mills, who emphasized that the primary responsibility of physicians is to patients. If a third party has to be introduced into the arrangement, and I am not saying there is never a place for that, it had better be done with great care and sensitivity, because the relationship between a patient and a physician is a far more delicate and sensitive thing than most people who have not been on the other end of the stick appreciate. There is no place for bulls in china shops in this business of tampering with the physician-patient relationship.

I believe the measures of this bill intrude on the physician-patient relationship in a way that is going to be extraordinarily detrimental to the overall pattern, style and practice of care, particularly in certain areas and fields of the province. It is one thing to allow for large scale opting in. Goodness knows, we have achieved 88 per cent or better. It is another thing to legislate

it. The implications for professionalism are extraordinarily different depending which way it happens.

The member for York Mills observed that we have to pay attention to the needs—I think I can quote her reasonably well—of the present productive, enthusiastic and helpful physicians. Those kinds of adjectives refer to a state of mind as well as to a state of training and technical excellence.

State of mind is not something in clinical practice that you graft on top of clinical skill. It goes with the nature of the practice. There is no technically competent, technically excellent medical care that does not include a caring and sensitive state of mind on the part of the practitioner. The measures of this bill are going to have a very profound effect on the state of the minds of the practitioners of Ontario.

They are extraordinarily angry; they are very, very angry. They are becoming increasingly militant. They are resorting to activities that would have been unthinkable and to many of them are unthinkable even as they go about doing them. In my opinion, the state of mind of the practitioner, and I do not think very many clinicians would disagree with me, is an extraordinarily crucial component of the quality, let alone excellence, of clinical care. I believe this bill tampers with it.

I have been frustrated, and I know others who have tried to speak with reason and rational second-thought about this bill have felt frustrated, that even the most carefully articulated, carefully reasoned comments tend to be engulfed in the ubiquitous rhetoric of political life. I am very sorry about that. I have bent over backwards, as I know many others have, to try to speak in a moderate, sensible, reasoned, experienced and reflective way.

I wish that once in a while it was possible for us to set aside our partisan political stripes and meet as a collective of legislators, to sit down and try to reason and dialogue together, and to decide, politics aside if that is possible, on the best way to approach a problem of accessibility or a problem in the delivery of clinical service.

To conclude these comments, this proposed amendment seems to me to be a sensible one. It differs in some significant respects from the one I have put forward, although perhaps the intent is in some ways comparable. I will be happy to support it. I hope we can continue to have this kind of dialogue and debate in the reflective consideration of further proposed amendments to this bill.

Miss Stephenson: I rise at this point to support the statements made by my colleague the member for Humber (Mr. Henderson). It is unfortunate that there is debate about the fact that we should be having a debate and that there is less than temperate language used in the discussion of the proceedings of this legislature, which are, I believe, entirely in order.

Mr. Chairman: That is not really speaking to the amendment.

Miss Stephenson: The amendments are being put forward in this chamber rather than in the committee because it was decided by government that debate on the bill should take place in this chamber. The amendments have been put forward, as my friend the member for Humber has suggested, in the very positive mindset of attempting to resolve the very serious difficulties which have been rearing their heads in unpleasant fashion. I fear they will continue to do so in even more unpleasant fashion unless there is some reasonable compromise in the light of the direction the government is pursuing.

These amendments very specifically attempt to solve the problem of those individuals for whom it is, or would be, or even could be a hardship if there were billing at the level beyond the benefit of the Ontario health insurance plan. We have delineated fairly clearly the groups within our society which deserve that kind of careful attention.

4:20 p.m.

The member for Humber has suggested that the section related to exceptions might lend itself to abuse. I accept that, but I would like him to understand, and I think he does, that if there were some quiet, unobtrusive way in which those individuals could be identified, the chances of abuse would be eliminated almost totally because there would be some kind of identifying mark to ensure that billing at a level beyond the OHIP benefit would not occur.

I know all honourable physicians would abide by the law if that were the law and if that practice were part of the implementation of the law. There is no doubt in my mind that we could eliminate totally the confrontation, the impasse, the conflict currently in existence in this province if there were the kind of compromise that would permit this choice on the part of both the patient and the physician.

I am also confident that if we were to pursue this course and to reduce the very small amount of billing beyond the level of the OHIP benefit to almost nothing, as would obviously happen if this were introduced, we would have resolved the

problem related to the federal government. With reasonable discussion between men of goodwill—and I say “men of goodwill” specifically in this instance because they happen to be two men who would be talking to one another; I am sure women could have resolved it a long time ago—we should be able to settle the small remaining part of this in a way that would not be damaging to—

Hon. Mr. Elston: The member for York Mills had her chance to eliminate extra billing a long time ago and she refused to act.

Miss Stephenson: I was never the Minister of Health. I remind the minister I was the acting Minister of Health in 1976, before the Canada Health Act was even thought of, let alone introduced.

Hon. Mr. Elston: But not before extra billing.

Miss Stephenson: There is no such thing as extra billing. Let us get rid of this pejorative term. There is billing at the level of the OHIP benefit and there is billing beyond the level of the OHIP benefit. Extra billing is not a truthful term, if I may say so, because it implies there is something shady, dishonest or beyond the law in the action of physicians who, having duly notified government that they are not going to be opted-in physicians, pursue the course of ethical procedure outlined by their profession to bill within the guidelines provided by the profession for the services rendered. This is not something that should be frowned upon.

If it does constitute a problem—and we have accepted the fact that it does for some people—and if we are proposing a method of dealing with those problems in an appropriate, sensitive and foolproof way, then why on earth do members of the Legislature not accept this, knowing they will ensure the removal of the current tempest, which is very damaging to the relationship between physicians and the ministry and will be very severely damaging in the future, I fear, to the health care system per se?

It is almost unbelievable to me that the members of the Legislature, who are here by choice, do not understand that those who function in roles by choice almost always do so with a greater degree of commitment, dedication and real concern about what their role will be than do those who have been forced into that kind of position.

If members had been conscripted to be members of the Legislature against their will, do they believe they would have been as concerned on a daily basis about all the small problems that arise in relation to the functions they carry out as

ministers or as constituency representatives? Do members really believe they would have been able to do that?

Does the minister understand the very major concern, which has been demonstrated throughout history in a way that is probably more dramatic than almost any other I can imagine at this point, that those individuals—they were always men in the past—who have been conscripted into the service of their country in armies have not turned out to be as dedicated or as committed to the service of their country in all circumstances as those who volunteered?

Does he not understand that volunteering or functioning in a voluntary way, ensuring that what one is doing is what one wants to do, is probably the best way to ensure the quality of the program one is attempting to serve? If he does not understand that, I really do not think he understands human beings. In that case, I can understand why this legislation is written in such a destructive fashion in terms of the human relationships that are essential to the preservation of the quality of the health care system in Ontario.

I would have thought that those who are learned in the law, those who have had the benefit of experience in attempting to help people to resolve their human problems by means of legal torts, would have some greater appreciation of the need for sensitivity in human relationships. I am anxiously awaiting the next piece of legislation the minister will bring into this House, or that an Attorney General will bring in when the Attorney General is no longer a lawyer, that will conscript the legal professionals in this province into the position where they must all function in a way that serves the people of the province but accept payment at the legal aid level.

That is the kind of thing the minister is talking about. He is talking about the conscription of people into a plan that the government has devised for certain purposes. No physician in this province would have us return to a position before insurance.

Mr. D. S. Cooke: On a point of order, Mr. Chairman: In case you and the member for York Mills did not realize, we had second reading debate on this bill several weeks ago. Either speak to the amendment or let us get on with the vote, but quit the delay.

Mr. Chairman: In fairness, I have been listening very carefully to the member and she is talking very closely to this amendment on subsections 2(1), (2), (3) and (4), which talk

about amounts being billed beyond the amount payable under the plan. She is relatively close to being on subject. She started to stray when she got into the services, but she did come back on topic.

Miss Stephenson: Was I not straying when I was talking about lawyers? I am not sure whether I was or not.

Mr. Chairman: By analogy with legal aid, no.

Miss Stephenson: Analogy is a useful form of example and illustration which I hope will be accepted within this House.

It is a matter of grave concern to me that the very high quality of health care delivery we have had in this province has depended very heavily upon a profession that has had the opportunity to play a part in the development of the legislation. To play a part in the development of legislation that would resolve the problems of extra billing would have been a very appropriate role for the physicians of Ontario. They have offered to do it in conjunction with all the other health professions. That is an offer I do not think we can afford to turn down.

I believe the quality of that system in many instances depends upon the commitment and dedication of the physicians who are participating within that system. I hope members of this House understand that and recognize that rather than forcing, legislating and subjugating a profession, we should provide it with the flexibility inherent in the amendments that have been introduced.

I can say without equivocation I am sure that will provide for the kind of continuing, enthusiastic support for the system that has been developed, which ensures high quality care to people. The concern being expressed by the health care professionals is not a concern about anything other than the kind of traditional freedom this society has afforded to these professionals who have helped to develop and maintain the health care system. Surely that is what we want to maintain.

If there are deficiencies in the mechanisms for dealing with exceptions in our amendments, as were pointed out or suggested by the member for Humber, I do not think there is any doubt we would be most willing to listen to and play a part in the development of alternatives that would remove those deficiencies.

4:30 p.m.

There is a need to ensure that there is an opportunity for immediate recompense of the

individual who has been inappropriately charged. I do not believe the kind of mechanism being suggested by the minister, which involves the whole bureaucracy of OHIP in the repayment of the individual patient, is an appropriate use of that manpower. I believe very strongly that this one-to-one relationship between the patient and the physician would be enhanced by this kind of action, rather than being derogated, as it would be with the introduction of yet another intrusion of a third party into the relationship.

If there is a rationale for some of the quota suggestions which were inherent within the implementation scheme of the member for Humber, that could be a subject of negotiation, discussion and agreement with the medical profession. It could be legislated as well. Although they might not like it very much, I think they would accept that kind of approach, because they know the amendment in toto is dedicated towards maintaining the quality of the health care system as a result of maintaining the quality of the people involved in delivering health care.

Therefore, I would be happy to consider seriously further amendments or other action which would be appropriate in the area of regulations related to this bill to ensure that the kind of security which the quotas suggested by the member for Humber would guarantee to patients might be introduced. However, these sections within the amendment that we have proposed will solve the problem at present. They will ensure there is not a continuing air of confusion, distress and conflict in the health care field in Ontario; which did not need to be there at all, I might say. I would like to make sure members of this Legislature are aware they can eliminate it today if they will accept the amendments to section 2 of the act which have been put forward by my party.

Mr. Haggerty: I want to direct myself to Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

I was delighted to hear the member for York Mills finally bring into question, in the debates that have gone on so far, the matter concerning the Canada Health Act. That is what brought about the proposal to penalize the provinces in the area of extra billing. It was passed in about 1984 and supported by all three parties in Ottawa. As I understand it, the penalty clause now involves \$100 million that Ontario has not received in transfer payments from Ottawa. It has until April 1987 to qualify for that.

Much dialogue has gone on in this Legislature and outside of it in public committee hearings; it has been a long, drawn-out affair. Apparently, there is now an impasse between the Ministry of Health and the Ontario Medical Association at the bargaining table. I look at it from the side of a union man. When there is an impasse, someone has to make a final decision. There is no indication that there is going to be a settlement unless this bill is finally passed in the Ontario Legislature. It is not the first time we have had to curtail an impasse in labour disputes. We did it with the elevator operators' strike and we have done it with school teachers. Apparently, we are now going to do it with this bill.

If we have to carry out the intent of federal legislation, there is no alternative but for this government to move in that direction. We in Ontario cannot afford to lose \$100 million or \$150 million. There are problems in the health field. However, \$150 million will provide more than the nursing home that is required in my constituency of Erie and other health care services in Ontario.

I have no grudge against a doctor about the income he earns, because I believe he earns every bit of it, just as a plumber earns his income. I suggest that in some cases the plumber may earn more than the doctor on a service call. I am well aware of that. Since we have federal legislation applied to this Legislature, we must move in that direction to protect and provide a uniform cost for all the residents in Ontario.

As I look at the amendment, it goes on to say if one, "(a) is 65 or more years of age;

"(b) is receiving,

"(i) premium assistance under the Health Insurance Act,

"(ii) assistance under the General Welfare Assistance Act."

These are all good things, which I believe should be in the regulations. I know of the difficulties for a person who wants dental care. One has to apply to the Ministry of Community and Social Services and it may—it does not say it shall—provide it. I am delighted to see the opposition is now moving in the direction to say these people are entitled to health benefits under the act. That \$150 million which is coming from Ottawa will supply that need.

As I said before, I am delighted we finally had somebody talk about the federal act, and that is important. I believe we must follow the legislation. Other provinces have followed it without too severe a difficulty on the medical profession. I suggest the bill may come forward. Once it is

passed, it is open for further discussion and debate at a later date. The previous Tory government has been battling this since 1982. We have had a curtailment in providing services to the community, a threat at that time. The government responded in some measure to please the Ontario Medical Association.

I am sure the Minister of Health (Mr. Elston) has already provided a new working schedule for fees for the medical profession. I suggest the problem lies where there are specialized medical staff or doctors in special areas. The fees should be upgraded to the degree that is acceptable to the medical profession. When I think of some of the specialized surgery that is required, such as open-heart surgery, and the cost involved, I am thankful we have a good medical profession that can provide that excellent service.

Once the bill is passed and the impasse is settled, then I believe we can sit down and come back to the process of bargaining. As I said, I look at it as a union member, and government is a process of bargaining. It is a tough course at times, but sometimes this is the only route one has to take. When there is an impasse on both sides, one looks for a third party to come in and make that final settlement. This is where the Legislature comes into it. I hope things will smooth out with the medical profession and I am sure they will.

I have not had time to talk to Dr. Railton in the Niagara region, but I know his father, who was a former federal member in Ottawa, was a strong supporter of a universal health care scheme in Canada. I am sure we all agree with that. Again, I suggest we get on with the bill and see where the chips fall.

Miss Stephenson: The member for Erie has raised two or three very interesting points. The first, I remind him, is that the Canada Health Act was introduced by the former Liberal government. It has been challenged with respect to its constitutionality. It is said by the current Attorney General of Ontario (Mr. Scott) that it should be challenged regarding its constitutionality because he, when he was a private attorney and a constitutional expert, advised the Canadian Medical Association that there were extremely good grounds for that challenge and he felt they would be successful. Therefore, that challenge has been made.

The reason nothing has happened at the federal level is they know that challenge is there and they are trying to find out whether there is constitutional support for the action Monique Bégin said had to be taken related to withholding funds.

That must be settled. I believe very firmly when that is heard before the Supreme Court, there may be some change of heart on the part of the government.

4:40 p.m.

In addition to that, I remind the member that the task force looking at government expenditures at the federal level has recommended strongly that monetary sanction be removed by the federal government from the Canada Health Act because it believes it to be inappropriate and unconstitutional.

Honestly, I recognize that the member for Erie (Mr. Haggerty) is a whole, warmhearted human being who feels strongly as a trade unionist that you can solve all problems by negotiation. I believe you can solve a lot of them if the parties will negotiate. However, the government in this matter is not a third party; it is a party to the negotiation. That government did not, I believe, negotiate in good faith, because it did not ever consistently say it would discuss anything related to the position that the OMA had put forward. It simply stated unequivocally—at every single sitting, apparently—that there was to be no negotiation about the total banning. There was absolutely no negotiation of the government's position. Is that negotiation?

If one established negotiations with conditions before one discussed anything, the member as a unionist would say: "That is bad negotiation. That is negotiating in bad faith." That is what the government has been guilty of. It has not negotiated. It has simply said: "This is our position. You accept it or else, and if you do not accept it, we will simply impose it and then we will discuss the ways in which we are going to carry it out."

I do not believe that is negotiation. While I understand the position of the member for Humber, I recommend strongly that he talk to Dr. Railton today and find out just how distressed, how disturbed, how angry and how militant are the vast majority of the members of the medical profession in this province.

He will hear from all the news media, because they pay more attention to Philip Berger and the doctor reform group, or whatever it is called—which has, I understand, about 30 physicians in it—that all the members are not supportive of it. Of course they are all not supportive. The OMA is not a trade union.

Mr. Henderson: On a point of order, Mr. Chairman: The member for York Mills referred to the member for Humber. I am sure she meant the member for Erie, because I do speak to Dr.

Railton from time to time. I am well aware of the feelings of my colleague.

Miss Stephenson: Oh, I am sorry. I apologize profusely. It was the member for Erie whom I should have mentioned, because the member for Erie actually represents Dr. Railton, and Dr. Railton is the incoming president of the Ontario Medical Association.

Mr. Haggerty: He is in Welland-Thorold.

Miss Stephenson: He is in the area of the member for Welland-Thorold (Mr. Swart)? However, he is a good Liberal; the member knows that. His father was the Liberal member for Welland.

Mr. Breaugh: There is no such thing. Come on. The member cannot use that kind of language.

Miss Stephenson: There is no such thing as a good Liberal? Of course there is. There are even some good New Democrats, for goodness' sake.

Mr. Gillies: Name one.

Miss Stephenson: Name one? Ah! I am hard pressed, but I shall think of one.

Mr. Breaugh: I never thought I would hear those words coming out of those lips.

Miss Stephenson: None the less, I do believe the member for Erie should carry out that conversation now. I have been around for a long time. I am older than all the rest of the members, as a matter of fact, except for the member for Erie, and I have known physicians for a long time. I have also known them to go through a lot of the exigencies that have occurred in the development of health care in this country. They have never been as angry; they have never been as concerned, as distressed or as absolutely denigrating of the Minister of Health as they are right now. That bothers me because that really should not happen. There should be some kind of reasonable rapport between the government and the medical profession, because they have to work together.

The Minister of Health cannot deliver health care. I do not care what he says; he cannot deliver it. He is not a physician, he is not a nurse, he is not a physiotherapist, he is not a podiatrist, he is not a chiropractor and he cannot deliver health care. Therefore, he is going to have to rely on the health professionals. It would behoove the Minister of Health to get along with the health professionals instead of causing conflict constantly.

Interjection.

Miss Stephenson: My heart is fine. I hope the minister's heart is.

It would be a salutary experience for the member for Erie to talk to Dr. Railton within the next day or so. My concern is that we solve this impasse, which is of government manufacture—it may be federal; that is before the courts. It may not even hold up; it may not be in line with the constitutionality of Canada, and that is what has to be determined. There is no reason for the government to leap into this abyss right at the moment and to cause all of this consternation until that decision has been taken.

Hon. Mr. Elston: All of a sudden? Twenty years.

Miss Stephenson: It is before the Supreme Court right now. I do not know when it is going to be heard. That is the problem. It is there, the writ has been issued and the legal defence and the legal position have been developed.

Hon. Mr. Elston: Is this on the topic?

Miss Stephenson: This is on the topic of this legislation and the need for this amendment in order to maintain some equanimity within the health care system so that the system can function effectively. The minister knows, and I know full well, that it will not function effectively if the vast majority of those who are delivering services are so disturbed about his attitude that they refuse to negotiate, discuss or talk to him, in most cases.

I feel very strongly about this. I am aware that the minister and the government tell people there are a lot of physicians who do not agree. Sure, they do not agree. As I have said, the OMA is not a trade union. It is a voluntary association which expends time on behalf of the public of Ontario as well.

Mr. Ward: Carry a banner.

Miss Stephenson: I will carry a banner, and the banner will be that the maternal mortality rate in this province is the lowest in Canada. Why? Because in this province we have had an active committee for maternal welfare, manned and established by the OMA in conjunction with a provincial government. As a result, good legislation has been developed. That is the kind of rapport we need to maintain. It is the kind of attitude that needs to be kept in Ontario, and the minister is destroying it with the bill before us.

The amendments we have introduced will help to recover that kind of excellent attitude. It is not worthy of him to destroy the ambience that has made the health care system function within this province. That is precisely what he is attempting to do, at least in the perception of physicians.

The minister keeps telling me that politics is perception. I always thought politics was the facts of life, but none the less he tells me it is perception. The perception out there is that he is attempting to destroy the health care system because he wants to subjugate physicians. The amendment proposed by the New Democratic Party, which was passed yesterday or the day before and which the minister supported, just fortified that in their minds. They believe he now not only has added insult to injury, but also has put another nail in the coffin of good health care delivery in Ontario. It became absolutely obvious that what he is trying to do is not anything to improve health care, but to subjugate the medical profession.

The minister can sit there and shake his head and say he has no intention of invading the practice of medicine or the delivery of health care any more. He has already invaded it so badly that it may not survive the kind of infection he has introduced. That worries me. Therefore, I believe it to be appropriate that he consider seriously the amendments we have introduced, which I know will at least control the infection, reduce the fever at present and allow the patient to recover appropriately.

Mrs. Marland: In all of the debate I have listened to, especially from the Liberal members, I have not heard of any plans of the Minister of Health to address the problems after this bill has demoralized the specialists, and in particular the specialists who staff the faculties in our universities.

Mr. D. S. Cooke: What does this have to do with the amendments?

Mr. Cureatz: She is coming to it.

4:50 p.m.

Mrs. Marland: It has a great deal to do with the amendments because part of the argument from the opposite side of the House has been that we need to end extra billing, to use the minister's words, because these people are affected by extra billing. While we are talking about who is affected by the subject of Bill 94, I want to address the future of the universities and the medical faculties within those universities in our province.

After the minister has demoralized the specialists, who give their time to the medical faculties and train the future specialists within this province, albeit for a very pittance of an honorarium, they still are taking time out of their offices to teach for several days a week. I have heard of no plans or discussions where, after we

have told the specialists they are of no value to us above anyone else in the medical field, that everybody must be treated equally and that no one can have any privilege to practise within his own choice, we are then going to say we still expect them to staff our university faculties of medicine and still have in the future the kind of graduates we have had in the past.

It was very encouraging to hear the member for Erie say we do have a good medical profession. It was encouraging to hear a Liberal member, apart from the member for Humber, acknowledge that. This afternoon, when the member for Humber talked about the state of mind of this profession, he said very succinctly what this whole issue is about, and the fact that one should support this amendment—

Mr. Callahan: On a point of order, Mr. Chairman: Under standing order 19(d)2, how can what has been said thus far have any bearing whatsoever on the amendment that is being proposed? I suggest the member is directing her speech to matters other than the question under discussion and she is out of order. That has continued throughout this debate.

The issue before this House is the question of exclusions of certain people from extra billing by doctors. It has no relevance to talking about university doctors, no relevance even to the member for York East with reference to what she was talking about either. I mean the member for York Mills. It is totally irrelevant. It is totally out of order. It is filibustering.

Mr. Cureatz: On a point of order, Mr. Chairman: The honourable member is totally out of order, incorrect, and I ask you to allow our speaker to continue with her remarks.

The Acting Chairman (Mr. D. R. Cooke): The position of the member for Brampton (Mr. Callahan) is being considered, but I believe the speaker has made some reference to the amendments. Carry on.

Mrs. Marland: It is interesting to hear the member for Brampton refer to a Conservative as being the member for York East. If there is one riding in this province at the moment that everybody recognizes on which side of the House it is, it has to be York East. It is interesting that all the member for Brampton ever seems to be able to do is stand up and quote rules. He does not seem to be able to stand up and debate in any other way.

My concern with Bill 94 and the reason I am supporting the amendments that are on the floor is that I see it as a way to deal with the issues that have been brought into this House as a reason that

there is a need for Bill 94 in the first place. It would be encouraging if the members who are opposed to these amendments would become a little more enlightened on the long-term issue that is before us. That is not one of the issues they have yet spoken about in this House. Why fix a problem if there is no problem?

Mr. Henderson: I am moved by the remarks by the member for Erie, who seems to have departed, to make one or two comments. In consideration of the feelings of my colleague the member for Brampton, I will do my best to keep on topic to the amendments.

The member for Erie stated that when one gets into an impasse in the course of negotiation, somebody has to make a decision.

Mr. McClellan: Why does the member not cross the floor?

Mr. Henderson: That is absolutely irrelevant to what I was going to say. I would love to digress, but then I would be out of order, so I will not do that.

The issue is that when somebody has to make a resolution of these points of impasse, it is not usually one of the parties to the dispute. That is the particular dilemma of government in this situation. Government is one of the parties and is also called upon, wearing its other hat, to make some kind of resolution of the issue. That is one of the inherent dilemmas of government. It is also a factor that might commend the notion that has been raised from time to time lately of finding a so-called objective intermediary to try to bring in a fresh point of view, one that is cognizant of the issues on both sides and one that attempts to take into consideration some of the realities on both sides of this issue.

The member for Erie said something about incomes. I have always said that is not the issue, but since it is touched on in this amendment, I want to take a few sentences to defuse that element of the issue. It is naïve and quite erroneous to say the issue is income or level of income. Surely we are beyond that.

I know of a very conscientious physician, a hardworking doctor who spent time with his patients and tried to give them what he felt they deserved. Only a year or two ago, in the course of his work he came up with an annual income from his office, with a day from 8:30 a.m. to 6 p.m., of about \$18,000 or \$19,000. His income was more than that because he worked weekends in emergency and went in and took night calls and so on. He got extra income from the hospital, but his income for working more than an ordinary day, allowing for his overhead and the real

expenses of clinical practice, was around \$18,000. That is not a very substantial income for a professional person in 1986.

Mr. McClellan: That is very typical, is it?

Mr. Henderson: I am not really interested in whether it was typical. He was a hardworking, conscientious doctor who worked long hours and spent time with his patients, and that was the income he came up with.

This whole question of the Canada Health Act is being overworked. I am not addressing the constitutionality of it now, but health being a provincial issue, I think we ought to make our own decision about something as important as health care accessibility. If the feds will not go along with something we consider to be a reasonable solution to the problem of accessibility and to the standoff between physicians and government, that is another question. I do not think we ought to allow ourselves to be dictated to, let alone, to use a strong word, to be blackmailed, or if that is too strong a word, to be very forcibly dictated to, by the federal government on a matter under provincial jurisdiction.

If we at the provincial level can come up with a reasonable solution that guarantees accessibility and guarantees we avoid a two-tiered system, I hope the feds can be convinced to be flexible in their implementation of the Canada Health Act. If they cannot, surely we have a right to demand the transfer payments that are ours and to receive them if we put forward a reasonable argument. In the last analysis, if we do not, I do not think most people care whether health care is funded from the provincial coffers or the federal coffers. What they care about is fair taxation. If the feds insist on withholding funds that belong to the people of Ontario, the people of Ontario can rightly say, "Make a corresponding adjustment in the federal income tax we pay because that money rightfully belongs to us."

Mr. Andrewes: This amendment by the Progressive Conservative Party was put in good faith. As the member for Humber alluded, it was put as a compromise to the bill. It was put in an attempt to bring a truce in what we see as a matter that could degenerate into an unholy war in the health care system. We see both sides in this debate becoming increasingly entrenched, and that entrenchment is inviting what in our view could be catastrophic circumstances and consequences as a result of this legislation, legislation that was described by the Premier (Mr. Peterson) as draconian. We urge all the members to consider their support for this amendment.

5:23 p.m.

The committee divided on Mr. Andrewes's amendment to section 2 of the bill, which was negated on the following vote:

Ayes 23; nays 57.

Mr. Chairman: We are finished with section 2. Shall section 2, as amended, stand as part of the bill?

Section 2, as amended, agreed to.

On section 3:

Mr. Chairman: We now have in front of us the amending motion of the member for Windsor-Riverside (Mr. D. S. Cooke) to section 3.

Mr. Cooke moves that section 3 of the bill be struck out and the following substituted therefor:

"3. (1) In this section,

"'amount payable' means the amount payable under the plan in respect of the rendering of insured services to insured persons;

"'association' means,

"(a) the Ontario Medical Association in respect of physicians;

"(b) the Ontario Dental Association, in respect of dentists; and

"(c) the Ontario Association of Optometrists, in respect of optometrists.

"'negotiating committee' means the committee referred to in subsection (3).

"(2) The minister and the association may by agreement, with or without referring the matter to a negotiating committee, determine the amounts payable under the plan in respect of the rendering of insured services to insured persons.

"(3) There may be established from time to time as provided under subsection (5), in respect of physicians, dentists or optometrists, a committee to negotiate the amounts payable, and to be composed of,

"(a) three voting members appointed by the minister;

"(b) three voting members appointed by the association; and

"(c) a chairman, who shall not have a vote, to be appointed jointly by the minister and the association.

"(4) The remuneration and expenses of the chairman shall be shared equally by the Ministry of Health and the association.

"(5) The minister or the association may, by notice in writing to the other, require that negotiation of the amounts payable be conducted by a negotiating committee.

"(6) Not later than seven days after the notice has been received, the minister and the associa-

tion shall each appoint three persons to serve as members of the negotiating committee and shall jointly appoint a chairman of the committee.

"(7) The committee shall begin its negotiations as soon as reasonably possible on a date to be named by the chairman.

"(8) If, after both sides of the committee have negotiated in good faith, the minister or the association believes that the committee's negotiations have reached an impasse, that person, by written notice to the chairman and the other person, may request that the chairman make a report to the committee concerning the negotiation of the amounts payable.

"(9) The chairman may obtain and use any relevant information that the chairman believes may be useful in making the report.

"(10) The chairman shall make the report to the committee within 30 days after being requested to do so and shall provide the committee with the information upon which the report was based.

"(11) The committee shall resume its negotiations within seven days after receiving the chairman's report.

"(12) At any time after the committee resumes its negotiations under subsection (11), the minister or the association may make public the report and the information upon which it was based, after first giving the other person 24 hours' written notice of the intention to do so.

"(13) If, at any time in the negotiating process, a majority of the committee, including at least two persons appointed by the minister and at least two persons appointed by the association, agree on the appropriate amounts payable, the chairman on behalf of the committee shall submit those amounts to the minister and to the association as the committee's proposal."

Order. Excuse me a second. There is some discussion going on here by two members standing up. Other members near them cannot hear. Would those two members either take their seats, please, or leave the chamber?

"(14) The minister and the association shall notify each other in writing of their acceptance or rejection of the committee's proposal within 14 days after receiving it.

5:30 p.m.

"(15) If the minister or the association rejects the committee's proposal, the committee shall resume its negotiations within seven days thereafter and this section applies as if the committee had not made a proposal.

"(16) The minister and the association may enter into a written agreement respecting any

aspect of the negotiation of the amounts payable, and in the event of a conflict between a provision of the agreement and a provision of this section, the agreement prevails.

"(17) If, after both sides of the committee have resumed negotiations in good faith under subsection 11, the minister or the association believes that the committee's negotiations have again reached an impasse, that person, by written notice to the chairman and the other person, may require that determination of the amounts payable be referred to arbitration under the Arbitrations Act.

"(18) Within seven days after the notice has been delivered, the minister and the association shall each appoint a member of a board of arbitration and within a further seven days the two members shall appoint a third member who shall be the presiding officer.

"(19) The provisions of the Arbitrations Act apply to a board of arbitration appointed under subsection 14 as if a submission had been made under that act.

"(20) The decision of the board of arbitration shall be made within 60 days after the date of the appointment of the presiding officer or within such further period of time as the minister and the association may agree upon."

Mr. D. S. Cooke: One of the major arguments the Ontario Medical Association and the other two groups affected by this legislation made to the committee was that they were concerned there could be a unilateral setting of the Ontario health insurance plan fees by the government. I think that is a legitimate concern. If doctors and optometrists will have their income determined by the plan under this bill, there must be a negotiating process in place that is fair to both sides.

Recognizing that, we have put forward a proposal that includes arbitration, but the entire process is the process that now is followed by the OMA and OHIP in negotiating their fees. The addition to the process is the application of arbitration. With the passage of this amendment, there would be no way the OMA, the optometrists or the dentists could say that government can unilaterally set their fees under the plan.

For the information of the Conservative Party, under section 16 of this amendment it states clearly that if any other negotiating process is negotiated, that negotiating process will supersede this amendment. Any fear the Conservative Party has that this amendment will impose a specific negotiating process on the profession is

not accurate. Other negotiating processes can be negotiated by mutual consent.

This amendment would go a long way in meeting the concerns of many reasonable professionals. It will not meet the demands of the leadership or the executive of the OMA. I know that and the members know that, but it will meet the requirements and requests of, in particular, a great number of general practitioners who simply want to go about practising medicine and providing health care and be guaranteed there is an independent process in place that in the end will determine their fees and will be fair to them and to the taxpayers of this province.

If this amendment is passed, many of the protests that are being launched by the leadership of the OMA will lose even more support amongst its members. This protects the members of the profession and the taxpayers. It would bring a process of sanity, guaranteed in legislation, to the members of the bargaining units, the Ontario Medical Association, the Ontario Association of Optometrists and the Ontario Dental Association.

I ask the Conservative Party to consider this amendment. I know that party is opposed to the principle of the bill, but the principle of the bill will be passed. There will be a ban on extra billing when this process is over. It is incumbent on us as members of the Legislature to make sure there is a fair process in place to determine the fees. This is a fair process. If the profession decides to negotiate an alternative process, there is provision for that in this amendment.

The amendment the Conservative Party will later place, if it defeats this one, is incorporated in my amendment under subsection 16. However, the Conservative amendment does not provide all the other protections that are provided in our amendment.

The reason we must have this lengthy process is that we cannot have automatic application of arbitration without forcing both the government and the association to go through a negotiating process. One of the more positive aspects of this amendment is that if there is an impasse, there is provision for a fact-finder—that is, the chairman of the committee, who does not vote and is appointed mutually by both sides—and there is provision for this report to be made public so that if the association or the government is not negotiating in good faith, those facts will be made public for all the taxpayers and all the consumers of this province to learn.

There is real incentive in this process for good-faith bargaining and to get a negotiated fee

under OHIP for all three professions. If the negotiating process fails, there is a guaranteed process of arbitration that is reasonable, fair and would go a long way to diffusing this difficult situation in our province.

Hon. Mr. Elston: I appreciate the opportunity of speaking. With respect to the amendment, the government has not adopted its policy of coming up with binding arbitration in all situations. This is one where we do not think binding arbitration should be put in the legislation. We are prepared under section 3 to enter into discussions with the various groups to come up with a way of dealing with the dispute resolution.

This amendment is very much the same as the Joint Committee on Physicians' Compensation for Professional Services, which currently exists in Ontario, with the exception that beginning at about subsection 17 and to the end there is attendant to that process reference to the Arbitrations Act and otherwise. The situation is that the JCPC has been suggested by the OMA executive in its committee visit as being an appropriately functioning mechanism at the time. We are prepared to continue that under the current legislation, if that is what is desired.

As well, we have some concerns about the manner in which the Arbitrations Act is used in this amendment. Just so the members of the committee will understand, the Arbitrations Act—and I believe I have been advised appropriately—is little used and actually causes difficulties with respect to the functioning of a binding arbitration situation. Although we will not be supporting this amendment and asking that binding arbitration be legislated in the act, it is of concern to me that if it is the expression of the committee as a whole on voting on this that there is a will to implement binding arbitration, those sections I have referred to must be cleaned up considerably to make them function in a worthwhile and workable fashion. Currently, the mechanisms are unwieldy and would cause us considerable problems.

I can speak, however, for our party, that we will not be supporting this amendment in its entirety, although I recognize the place from which the honourable member got the main body of this amendment. It is not dissimilar to what was considered during our discussion of Bill 54 and in which we adopted a portion of what this amendment would be to act as a dispute resolution mechanism under Bill 54.

5:40 p.m.

First, we will not be supporting it. Second, if there is some consensus among members as a

whole that there is a desire to look at binding arbitration, this particular procedure must be cleaned up so it will function very well.

Mr. Andrewes: I listened carefully to the comments of the member for Windsor-Riverside and to those of the minister. I must say at the outset that, with respect to the amendment, the comment of the member for Windsor-Riverside that it was an amendment that put in place a fair negotiating process is one I can agree with. The member for Windsor-Riverside indicated essentially that it is a process, as it is used now, to arrive at a reasonable and satisfactory solution to discussions on OHIP fees, and in subsection 3(17) and from that point on it brings in the impact of the Arbitrations Act.

The minister has alluded to the JCPC and the activities that go on with respect to the JCPC group, the discussions that occur under that mechanism, and has suggested that they are quite similar to what the member for Windsor-Riverside has proposed in the first 16 subsections of his amendment.

I want to make one comment with respect to the suggestion by the member for Windsor-Riverside that he feels we have some concern about imposing a process on any group. It is very clear to us that in matters such as this, where associations, representatives of associations and the government sit down at the table to negotiate monetary issues, the process has to be one that both sides agree to and the process has to be one in which both sides can feel comfortable and willing to participate.

What is at stake here in many cases is the continued delivery of the health care system. Currently in Saskatchewan, medical practitioners have withdrawn services selectively over this very issue, because they have not been able to arrive at a satisfactory agreement with the government on the question of a fee schedule. It is very important that we clearly endorse the principles of an agreed-to process between both parties and that we clearly endorse the rights of both parties to exercise what is available to them under existing statutes.

I will elaborate for a moment on what I mean by that last statement. We are somewhat concerned that the amendment of the member for Windsor-Riverside is unnecessary. If I may refer to the Canada Health Act—with your indulgence, Mr. Chairman, I am trying to stay to the topic at hand—subsection 12(1) of the Canada Health Act begins by saying:

“In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province

“(a) must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly whether by charges made to insured persons or otherwise, reasonable access to those services by insured persons.”

That is the premise on which the government has introduced Bill 94, the premise on which the federal government has held back an estimated amount of money in transfers to the provinces for health services, held back an amount of money approximately equal to an estimated amount billed to patients over the OHIP fee schedule.

If clause 12(1)(a) is what has predicated Bill 94 in this House, clause 12(1)(b) says a health care insurance plan of a province “must provide for payment for insured health services in accordance with a tariff or system of payment authorized by a law of the province;

“(c) must provide for reasonable compensation for all insured health services rendered by medical practitioners or dentists; and

“(d) must provide for the payment of amounts to hospitals, including hospitals owned or operated by Canada, in respect of the cost of insured health services.”

We come to subsection 12(2) of the Canada Health Act. It says:

“In respect of any province in which extra billing is not permitted, paragraph (1)(c)—remembering that (1)(c) says the province “must provide for reasonable compensation for all insured health services rendered by medical practitioners or dentists”—“shall be deemed to be complied with if the province has chosen to enter into, and has entered into, an agreement with the medical practitioners and dentists of the province that provides:

“(a) for negotiations relating to compensation for insured health services between the province and the provincial organizations that represent practising medical practitioners or dentists in the province.”

The section of the Canada Health Act that is pressing here, that which requires compensation to be paid to practitioners, “shall be deemed to be complied with” if there is a process for negotiation. We are saying that this process for negotiation, as set out in the existing section 3 of Bill 94, is one that must be mutually agreed to by two parties entering into that negotiation.

Clause 12(2)(b) of the Canada Health Act says clause 12(1)(c) “shall be deemed to be complied with if the province has chosen to enter into, and has entered into, an agreement with the medical practitioners and dentists of the province that

provides...for the settlement of disputes relating to compensation through, at the option of the appropriate provincial organizations referred to in paragraph (a), conciliation or binding arbitration by a panel that is equally representative of the provincial organizations and the province and that has an independent chairman; and

"(c) that the decision of a panel referred to in paragraph (b) may not be altered except by an act of the Legislature of the province."

5:50 p.m.

I hope to convince my colleagues in the New Democratic Party that what they have set out in this amendment is clearly provided for under the Canada Health Act, with one exception. Bill 94, the subject of debate here, also includes the profession of optometry. It specifies medical practitioners, dentists and optometrists. What is clearly missing in the Canada Health Act is the mention of the profession of optometry.

It is with some reluctance that I say we will not be supporting the amendment of the member for Windsor-Riverside (Mr. D. S. Cooke), but we will be moving our own amendment. In our view, this encompasses all that is desired in the member's amendment without binding the parties to a process, leaving them with some flexibility to determine the appropriate negotiating process that entitles all parties, including optometrists, to the rights of conciliation or binding arbitration as is their choice.

Mr. D. S. Cooke: Very briefly, I refer the Conservative Party to subsection 16 of my amendment, which reads, "The minister and the association may enter into a written agreement respecting any aspect of the negotiation of the amounts payable, and in the event of a conflict between a provision of the agreement and a provision of this section, the agreement prevails."

Obviously, this provides for the flexibility that I agree must be put into this section. My problem with the Conservative amendment is that it gives all the advantages of arbitration but none of the public accountability processes that are provided for in this amendment. I suggest to the member for Lincoln (Mr. Andrewes) that subsection 16 gives him everything that he requests, but the entire section provides for a public and fair process and puts on pressure to try to get a negotiated settlement rather than immediate access to arbitration.

Mr. Andrewes: I ask the member for Windsor-Riverside, what is not public about provisions to the Canada Health Act? What is not public about the Joint Committee on Physicians'

Compensation for Professional Services process that goes on now?

Mr. D. S. Cooke: There is no provision in the member's amendment for a fact-finder's report. A fact-finder's report would put out all of the information that has led to the point where there is an impasse, just as we did on Bill 100 for negotiation of teacher-board settlements.

Before there is access to a strike by teachers, there has to be a public fact-finder's report, which in many cases has put considerable pressure on teachers' federations and on boards of education to negotiate a settlement in good faith rather than going to either a strike or arbitration.

Miss Stephenson: I wish I had as much faith in the efficacy of the publication of a fact-finder's report as the member for Windsor-Riverside. I am aware that most of those disputes under Bill 100 are negotiated to settlement, but I am not at all convinced that this—

Mr. Haggerty: In the Legislature most of the time.

Miss Stephenson: No, very few. I am not at all convinced that the publication of the fact-finder's report, as it is currently published, has any effect at all, because there usually is a précis of the fact-finder's report, which is written in relatively technical language that members of the ordinary public cannot understand. It is less than clear to me that publication is the pressure which is necessary to solve the situation.

The negotiations that were carried on in 1982, which were difficult, did enjoy what might have been called the report of a fact-finder because Dr. Weiler's report was made public. It was the basis for the decision which was reached in the agreement by the government and profession.

The proposal we are putting forward, which is very much in line with the relevant sections of the Canada Health Act, would allow for the establishment of that kind of proposal, if it were felt to be appropriate. I am not sure one needs to have three pages of mechanisms set in there and then a paragraph that says if one chooses, one can go some other way. I am not sure that is an appropriate way in which to draft this legislation.

The sensible thing to do would be to follow the routine which has been established, at least in terms of the medical profession. The committee has been effective in all circumstances to this point, and I see no reason that it should not be in the future. I could well recommend the establishment of a similar committee in the other circumstances as well, but we do need to make specific provisions for optometrists because

there is not that provision within the Canada Health Act, and those individuals are included in this act as recipients of funds for services under OHIP.

I know the rationale for the position of the member for Windsor-Riverside and I understand the background and the debate which has occasioned his support for this type of procedure, but I really feel the simpler method of including a paragraph which permits the continuation of the current process and allows for the development of similar negotiating mechanisms for dentists, and for optometrists particularly, is the appropriate way in which to proceed with this act.

Mr. D. S. Cooke: I will not prolong this, but I would just ask the member for York Mills (Miss Stephenson) to look at subsections 9 to 15, which are all the processes she is referring to. This is exactly the process that was followed by her leader, the member for St. Andrew-St. Patrick (Mr. Grossman), in 1982. All we are suggesting is that it should be put into the legislation so that optometrists, dentists and doctors have access to it. Since we are not going to allow for extra billing in the province, there has to be a final mechanism of arbitration in case there is an impasse in the negotiations. We have followed in this amendment the exact process that was followed in 1982 by the member for St. Andrew-St. Patrick.

We have taken the member's advice. I agree totally with what the member has said. I agree totally with what the member for Lincoln (Mr. Andrewes) said. It would be totally irresponsible to put into the legislation, "You can have arbitration, but no process leading up to arbitration." That would not be appropriate. There has to be some protection.

From our debates on Bills 54 and 55 and our discussions where we have chatted about arbitration and some of the potential dangers of arbitration, the member knows we cannot allow that automatic access to arbitration without some protections that allow for negotiations and for some accountability before we go to arbitration, for both the medical profession and the taxpayers of this province.

I accept the member's comments and recommendations. They are in the amendment. I ask the member to take a look at the amendment and support what she has said.

Mr. Andrewes: I think we are into a reasonable debate on this amendment. It is a substantive amendment and I hope members will understand that we need to have some questions answered.

I want to ask the member for Windsor-Riverside whether there is anything that currently prevents the publication of the fact-finder's report if both parties agree to the publication of that report?

Second, what is accomplished by the publication of that report?

Mr. D. S. Cooke: I am sure that anything can be published by mutual consent, but the reality is that this amendment does not say that it is by mutual consent. This amendment says that if the doctors feel the government is negotiating in bad faith, the doctors can force that report to be made public to embarrass the government, and vice versa. That is what the mechanism is for.

Mr. Andrewes: The member is saying the publication of the report could be used by one side or the other to justify publicly the position it is taking in the negotiations.

Mr. D. S. Cooke: The purpose of publishing the report is to build accountability into the system so that if one side is negotiating in bad faith, the taxpayers of this province will be able to see that it is negotiating in bad faith. That is the purpose of it. It builds an incentive into the process to negotiate in good faith.

6 p.m.

Mr. Andrewes: Does it not also build into the process the adversarial situation that one hopes to avoid in negotiations such as this? Remember that we are talking about a health care delivery system that we want to make sure stays in place throughout sometimes rancorous and difficult negotiations.

Mr. D. S. Cooke: We are not going to agree on this, but I think it builds the opposite incentive. It builds an incentive to negotiate in good faith that alleviates some of the adversarial nature that any negotiations will have.

The member is not going to tell me that in 1982, when the member for St. Andrew-St. Patrick was negotiating a fee schedule with the doctors, there was not an adversarial position. Obviously, there was. It would not matter whether the Conservatives, the Liberals or we were in power. In negotiations with doctors, optometrists, dentists, hospital workers or United Auto Workers members, it is the nature of negotiations that they are adversarial. The fact that we would have a fact-finder's report that could be made public would build some accountability into it.

I say in all seriousness that this amendment will alleviate a lot of the problems. We are going to have Bill 94 in some form. If we do not have a

negotiating process in the bill, if we just leave it open, as it is in Bill 94 now or even as it is in the Conservative amendment, there will be no accountability in it whatsoever. The Conservatives' amendment will not carry, because it is not appropriate and it is not responsible. If we leave it the way it is now, where, before we can even have a negotiating process we have to negotiate a negotiating process, we are presenting an even more difficult situation than need be the case.

Miss Stephenson: I ask the member for Windsor-Riverside whether he has taken the opportunity to look at the numbers of instances in which, in spite of the procedures and processes inherent in Bill 100, there have been applications to the Education Relations Commission related specifically to charges of bad-faith bargaining. There have been a considerable number.

There is no doubt in my mind that this process may persuade some people, but it certainly is not a panacea for making the statement that people are bargaining in bad faith. That is simply not one of the results of the publication of a fact-finder's report. I am not sure that kind of argument is going to be actively supported in terms of looking at this recommendation.

Mr. D. S. Cooke: This will be my last comment. I used to be a school board trustee and I went through two sets of negotiations with secondary school teachers when we had a labour dispute and a strike. The fact that there was a process and that the fact-finders' report was made public did have some effect on the board. When that information came out, many members of the board did switch their position. Public accountability is important.

The other thing is that when Dr. Myers and the Ontario Medical Association were before our committee, they said very clearly they supported the process that was followed in 1982. I accept that, and we put in the amendment the process the OMA follows. The member has letters from the Ontario Association of Optometrists that support my amendment. I have not talked to the Ontario Dental Association, but two of the three professions have indicated support for the process, and

I think it is incumbent upon us to put it in the legislation.

Mr. Andrewes: I do not have a lot more to say on this amendment without getting into arguments that I propose to make on our own amendment. Perhaps it might help the member for Windsor-Riverside if I did put the case to him that if this amendment fails and our amendment fails, clearly one profession that is referred to in Bill 94 is denied the process of binding arbitration. To me, that is a discriminatory aspect of Bill 94. The process is not provided for under the Canada Health Act. Therefore, clearly one profession will be left out and, as a result of being part of Bill 94, its implied right will be denied it.

6:26 p.m.

The committee divided on Mr. D. S. Cooke's amendment to section 3 of the bill, which was negated on the following vote:

Ayes 13; nays 57.

Section 3 agreed to.

On motion by Hon. Mr. Nixon, the committee of the whole house reported progress.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I would like to indicate the business of the House for the coming week.

On Monday, June 9, and Tuesday, June 10, we will continue clause-by-clause debate on Bill 94 in committee of the whole House. On Wednesday, June 11, second reading and committee of the whole is needed on Bill 13, Sudbury assessment; Bill 79, municipal bonuses; Bill 43, shoreline property assistance; Bill 11, condominium conversion; and Bill 98, the Foreign Arbitral Awards Act. On Thursday, June 12, in the morning, there will be private members' business standing in the names of the member for Kitchener (Mr. D. R. Cooke) and the member for Cambridge (Mr. Barlow). In the afternoon we will continue clause-by-clause debate of Bill 94, if necessary.

The House adjourned at 6:30 p.m.

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Hansard

Official Report of Debates

Legislative Assembly of Ontario

Second Session, 33rd Parliament
Monday, June 9, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday, June 9, 1986

The House met at 2 p.m.

Prayers.

VISITOR

Mr. Speaker: I ask all members to join with me in recognizing in the Speaker's gallery Hayden Shell, member of the Legislative Assembly of the Parliament of Victoria, Australia. Please join me in welcoming Mr. Shell.

TABLING OF INFORMATION

Mr. Speaker: Also, with respect to the matter raised by the member for Carleton-Grenville (Mr. Sterling) on June 4, he made reference to the precedents book prepared in the office of the Clerk. I find these precedents made no effort to record such matters as those referred to.

In the past, if a minister was prepared to answer a question previously asked by a member who was absent, then before proceeding with the answer, he or she obtained the agreement of the leader or House leader of the party to which the questioner belonged to proceed, or received objection to the response from the leader or House leader. If the latter was the case, then the answer was deferred until the questioner returned.

Mr. Sterling: To me, that sounds exactly what happened in the past. In this case, the minister did not defer when asked.

Mr. Speaker: Order. The matter is not debatable. The member has the right to appeal, but it is not debatable.

Mr. Sterling: With your indulgence, Mr. Speaker, would it be possible for you to refer this to the standing committee on the Legislative Assembly so it might deal with future problems associated with this type of circumstance?

Mr. Speaker: I appreciate the member's suggestion; however, we are working under provisional orders. I am quite certain the standing committee on the Legislative Assembly will review all decisions that have been made and discussed over the previous period and over future periods.

SPECIAL WARRANTS

Mr. Harris: On a point of order, Mr. Speaker: Regarding Votes and Proceedings of Thursday,

June 5, on page 198, "Sessional Papers: Special warrants for payment of money approved during the interval between sessions dated April 1, 1986, (No. 66) (tabled April 24, 1986)," I would presume that is in error. They were not tabled as of June 4. I believe there was some indication from the Clerk of the House that they were tabled June 5 and I wonder if that is an error in Votes and Proceedings.

Mr. Speaker: I thank the member for drawing that to my attention. I will certainly check it out.

MEMBERS' STATEMENTS

MONTH OF RAMADAN

Mr. Davis: Today is a special holy day of thanksgiving and prayer for more than 150 Muslims in Ontario and more than 100 million Muslims around the world. Today marks the culmination of the month of Ramadan, a month of fasting for all Muslims.

The month of Ramadan is holy because the Koran, the holy book of Muslim, was revealed to the prophet Muhammad during this month. In today's world when many go hungry, the month of fasting brings to all Muslims a realization of what a large part of the world's population faces on a daily basis. Not only do Muslims fast during the month of Ramadan, they also practise self-restraint over their thoughts and actions and attempt to purify their souls and live a clean life.

I believe I speak for all parties in conveying to all Muslims, but especially to those in Ontario, our sincere good wishes and greetings on this festive day and our congratulations on the successful completion of the month of Ramadan.

CANADIAN AUTO WORKERS

Mr. Hayes: It is with great pleasure that I rise today to congratulate Bob White and his union's membership on the final ratification of an agreement which allowed the formation of the National Automobile, Aerospace and Agricultural Implement Workers Union of Canada, in short, CAW for Canadian Auto Workers.

I am extremely proud to be a member of Local 200 of that great Canadian union. It is a union with a proud tradition of working, not only for the benefit of its membership but also for all working people in Canada. It has fought for

progressive changes and fairness and justice for all Canadians. It has proved it can negotiate with our American friends in an amicable way and continue to work together for the betterment of all working people.

Interjection.

Mr. Hayes: Someone mentioned free trade. I would like to make this announcement today. I attended the convention at the Royal York Hotel this morning. Opposing free trade is one of the issues they are going to be fighting very strongly. I hope this government and the federal government will take note of what the Canadian workers have done and let us set our own course and our destiny.

COMMITTEE MEMBER

2:10 p.m.

Mr. Ferraro: As chairman of the committee of parliamentary assistants for small business, I have a very brief and happy statement. I want to welcome to the committee the parliamentary assistant to the Minister of the Environment, the member for Prescott-Russell (Mr. Poirier). I am sure his addition to the committee will prove beneficial, not only for members of the committee but also for all small businessmen in Ontario concerned with environmental aspects. Some of the action and positive work being done by the committee will be made evident to the House in the very near future.

PROVINCIAL PARK

Mr. Bernier: I would like to bring to the government's attention an issue pertaining to Woodland Caribou Provincial Park, situated on the Ontario-Manitoba border west of Red Lake in northwestern Ontario.

Further to the response of the Minister of Natural Resources (Mr. Kerrio) last Wednesday, a meeting was held at the Guild Inn in Toronto in 1983, which was attended by all parties interested in the development and planning of new provincial parks. At that time, a new management policy was established for this park. It included controlled mining exploration, trapping, commercial fishing, limited hunting opportunities, high-quality tourism and harvesting and propagation of wild rice. Following broad and lengthy public hearings and discussions, all parties unanimously agreed on the new criteria. The people of northwestern Ontario were led to believe this new management approach would be implemented and acted upon.

Three years later, we now learn that these criteria are about to be changed. For pure, crass,

political reasons, this management approach is being reviewed. People all across northwestern Ontario are fearful, upset, worried and getting angry with this reversal. The Minister of Natural Resources has lost the confidence of northerners. Where is this government's commitment to northern Ontario? Where is its commitment to jobs? Where is its commitment to accept an agreed-upon, sound economic development? I ask this government to put the 1983 operational guidelines in place and to prove to us that it does listen to northerners.

ADULT PROTECTION WORKERS

Mr. R. F. Johnston: Ten years ago, the government of the day established a group of workers known as adult protection workers, who were supposed to be independent advocates and case managers for adult mentally retarded people in our communities. They were to work with institutions, with local associations for the mentally retarded and with various government ministries and agencies to make sure the best possible programming was made available for these people.

This government is starting to undermine the independence of these people. A group of adult protection workers who worked independently at Sheridan College for many years, now is being moved to Oaklands Regional Centre, a centre for the handicapped in the province in a storefront operated by that organization. In Sault Ste. Marie, the ministry is amalgamating the Algoma Mental Health Association and the Sault Ste. Marie Association for the Mentally Retarded and is placing those advocates in the same facility and under the same budget controlled by the agencies with which they are supposed to advocate.

I implore the Minister of Community and Social Services (Mr. Sweeney) to agree with the Ontario Association for the Mentally Retarded and transfer these advocates to the Ministry of the Attorney General so that they can be truly independent and not be bound by the kinds of pressures they will feel in agency settings.

RECOGNITION OF SENIOR CITIZEN

Mr. Callahan: I rise to pay tribute to an outstanding senior citizen, Alicita Marshall, who is 82 years young. She is the founder of the Marina Historical Guild, an idea that came to her in 1954 when her husband, who was then president of National Cash Register, was involved with Crippled Civilians. The idea was to create dolls that were figures of history in Canada. The essential feature was that this

program was made available to the handicapped. People in wheelchairs and various other forms of handicapped positions were able to do these things and have some meaningful way of expressing themselves.

I had the great honour of attending a dinner with this very revered senior citizen, along with the Minister without Portfolio (Mr. Ruprecht). It was an experience I treasure. She is a woman who is doing a great deal for the handicapped in Ontario and apparently throughout the United States.

NOISE BARRIERS

Mr. Jackson: I would like to rise today on an issue of great importance to the people of my constituency who live near the expansion of the Queen Elizabeth Way near Lakeshore Boulevard. These people, many of them seniors, living in the Brant Park Apartments and those living on Bellview Street and Bellview Crescent, appreciate progress and understand there are costs associated with it, as do the people of Burlington South generally.

Unlike the Minister of Transportation and Communications (Mr. Fulton), who balks when shown the costs of progress towards extending Go Transit to Burlington, these people did not balk until it became clear it was not only money this expansion was costing but also increased traffic noise and ruined sleep hours together with stress and adverse health effects.

The minister pointed to sound predictions and said the residents were not really being inconvenienced. The residents did their own study of ministry specifications, which showed that the levels are substantially higher than the ministry's predictions. One resident, Bob Pickard of Brant Park Apartments, has gone to the time and expense of a sound study, which shows the area should be in the top priority for sound barriers and not, as has been indicated, be left in the ministry limbo several years down the road.

Perhaps where there are residential complaints, the ministry does not feel action is warranted. The minister should be advised that the city council of Burlington knows this area perhaps better than he does, and its members say, "The city of Burlington remains unconvinced with the response provided by his ministry."

The minister and government officials show no reluctance to rush down and take credit for the opening of the new skyway bridge. I still have a pocketful of pictures from the minister. It is even more important that the minister should show the

same quick response to the residents on this matter.

DEVELOPMENTALLY HANDICAPPED

Ms. Bryden: I want to draw attention to the problems of an individual who is developmentally handicapped and who seems to be falling between the cracks in our welfare system. I am referring to Vito Desimini of Mississauga, who is facing charges and a trial for an offence under the Income Tax Act, which it is evident he did not understand. If we are a caring society and if the government claims to be a caring government, it should be looking at the problems of this individual and the failure of our welfare and corrections system to meet his needs.

His case should be of particular interest to the Minister of Community and Social Services (Mr. Sweeney) and the Minister of Correctional Services (Mr. Keyes). Both of them, I am sure, are caring persons, but they do not seem to have persuaded the Treasurer (Mr. Nixon) to put up sufficient funds for the developmentally handicapped or to see that facilities are provided where a person such as Vito Desimini can be looked after.

There is a tremendous waiting list for group homes. He is paying \$410 for rent and his allowance is \$436 a month.

Mr. Speaker: The member's time has expired. I am sorry.

2:17 p.m.

STATEMENT BY THE MINISTRY AND RESPONSE

RECREATION SERVICES

Hon. Mr. Eakins: As National Fitness Week, just gone by, has demonstrated, more and more Ontarians are taking part in fitness and recreation activities on a regular basis. My ministry plays a major role in ensuring that our citizens are able to participate. I am pleased to announce today that three programs that relate directly to recreation in Ontario will receive substantial funding this year from our government.

The community recreation planning program supports community planners and decision-makers. It provides financial assistance to obtain professional expertise for help in planning the future development of recreation services. Improved community services will no doubt result from the \$2 million in funds allocated to this program.

A second program, the Wintario development program, exists to improve Ontario's level of participation in recreation. The Wintario devel-

opment program is a major backer of our amateur sports system. Under this program, our provincial athletes are assisted with funds needed to attend important provincial, national and international competitions. Wintario development also assists sports groups that are hosting national and international sports events in Ontario.

This program also helps community and provincial recreation organizations meet the special needs of a variety of groups within the community, including our seniors and the disabled. More progress in meeting our recreation, sports and fitness goals will now be possible. I am pleased to announce that \$8,190,000 has been allocated to the Wintario development program.

A third program is designed to ensure that our capital investment in recreation facilities is well managed. The facilities management program provides funds to enhance the capabilities of the staff who operate our arenas, pools, community centres, parks and other recreational facilities. A total of \$1.4 million has been allocated to the facilities management program.

I urge those communities, community recreation groups and sports groups which are interested in these programs to contact the nearest field operations office of my ministry or the appropriate sports governing body. We have three concise and easy-to-read booklets available on who is eligible and how to apply for assistance under these programs.

Mr. Hayes: I am pleased the ministry has come out with these programs to meet some of the needs of the young, the elderly and the handicapped and is also providing financial assistance for planning future developments for recreational facilities.

The minister will be quite pleased to know that a week ago Saturday I joined in National Fitness Week and participated in the township of Tilbury North walk. I walked 10 miles that day to help raise funds for the recreation committee.

One of the things I would like to point out is that when I was taking that 10-mile walk, some of the people involved in recreation asked me about some of the programs. When they apply for them, they get back letters saying the programs have run out of funds; so I am very pleased the minister is putting some more funds in there. Maybe we can take another look at some of those areas to let us get Essex North back into some of the recreational facilities.

2:22 p.m.

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: I have a question for the Premier with regard to the extraordinary disruption in the health care system that is quite possible later this week or next week. It was reported last week in the newspapers that two very experienced mediators have indicated they believe they are capable of resolving the current conflict between the government and the Ontario Medical Association. Since he has had a few days to reflect on that offer, etc., is the Premier today prepared to entertain the possibility of picking up the phone, calling the OMA and suggesting a mediator?

Hon. Mr. Peterson: Since our discussion with the doctors started many months ago, I have had many offers from people who felt they had the solution, offers of mediation in a variety of different forms. I am not talking about these two gentlemen, but when pressed, it did not seem there was anything constructive they could add to the face-to-face discussions we have had with the OMA.

As the honourable member knows, ultimately, decisions have to be made. We do not want to put this thing over for ever. We have attempted to work it out. If we can meet with the doctors face to face to solve the problems, we are happy to do that.

Mr. Grossman: If he is happy to meet with the doctors to try to solve this problem face to face, with impending chaos in the system, why will he not pick up the phone, call the OMA and suggest, first, another face-to-face meeting and, second, that he is willing to discuss its indication that it would be happy to have a mediator if only he would request it? Why will he not do that today?

Hon. Mr. Peterson: The honourable member is quite at liberty to criticize the decisions of this government, but we do not feel at the moment it would be constructive in bringing any kind of solution. I read things that he reads in the newspapers and suggestions that are made. Sometimes they are accurate and sometimes they are not. I have no indication this would solve the problem at this point. If I felt it would, we would be very happy to chat with them.

Mr. Grossman: Let us look at where the situation is now. From the time this discussion started, the OMA has agreed to stop extra billing for three categories of people. In its latest communication with the Attorney General (Mr. Scott), it has indicated a willingness to go

further. The OMA has indicated it would like a truce and that it is willing to have a mediator attempt to go further. Given all those indications from the OMA, the Premier surely would have to agree there is the slightest chance that a mediator might prove to be helpful in these circumstances. Why would the Premier not select that reasonable route of having a mediator over and above the kind of option we are now facing, which is a potential, major withdrawal of services?

Hon. Mr. Peterson: The question is to mediate what. Obviously, we took a conciliatory approach. The minister sat down with the doctors over 11 meetings and he put forward a very specific, 10-point proposal. My honourable friend reads the newspapers, so I am sure he will see there was a considerable amount of favourable view of those 10 points. We were prepared to sit down and discuss every one of those with the doctors. At one point, as I reported to this House and was criticized for so doing, there were some grounds for optimism that it could be worked out. Then the doctors changed their minds on the particular point. They were getting advice from a new adviser, Mr. Trevino, someone the member knows quite well because he went to the mat with him, and they changed their minds on the subject. I am sorry we could not work it out along those lines.

The bill is not through the House. We are working on it, with the help of the opposition and of all the members in the House. If there are ways to solve some of these situations, and for the government the bottom line is ending extra payments for patients, then we will be happy to work with them.

Mr. Grossman: There has rarely been a more categorical misrepresentative view of a series of negotiations than the one the Premier has just represented to this House. It is categorically and factually incorrect and inaccurate.

Mr. Breaugh: Wait a minute.

Mr. Foulds: I seem to remember some of the reports in 1983 were not too accurate then.

Mr. Grossman: Our second question—Interjections.

Mr. Speaker: Order. I listened very carefully. The Leader of the Opposition stated that the Premier misrepresented. Would the Leader of the Opposition withdraw that word?

Mr. Grossman: Mr. Speaker, if you feel I used the word "misrepresented" to this House, I would withdraw that.

Mr. Speaker: I listened very carefully. Do you withdraw?

Mr. Grossman: I withdraw that word if it is your belief that I used it, Mr. Speaker.

Mr. Speaker: Thank you.

Mr. Wildman: What does the member think he used? Does the member not know what he used?

Mr. Grossman: Go get your instructions from them and call us later.

Our second question is for the Minister of Health (Mr. Elston), who on this very critical day is not yet in the House. We are informed he might be here in 15 minutes and we ask to stand down our second question until he arrives.

Mr. Speaker: Does the House agree to stand down the second question? Agreed.

PENSION FUNDS

Mr. Rae: I have a question for the Minister of Financial Institutions. Our party has just learned that Consolidated Foods of Chicago, which owns Sara Lee, a company that is operating in Brampton, has just applied to the Pension Commission of Ontario to withdraw approximately \$3 million, and that this plan also covers workers at Electrolux, although the workers at Electrolux are not unionized.

As a matter of government policy, will the minister at the very least place a freeze on any further haemorrhaging of pension funds, which on Thursday the Legislature said belonged to workers and not to companies, until such time as we have passed a law in this province which clearly reflects the view of this Legislature?

2:30 p.m.

Hon. Mr. Kwinter: The leader of the third party will know we cannot deal with pension funds retroactively in that way. However, we have implemented a policy that any company requesting a withdrawal must give everybody who is going to be affected by that request 30 days' notice. During that 30-day period, these people can make representations on why the company should not be allowed to make withdrawals. That is the situation now.

Mr. Rae: In effect, the minister is saying he is not prepared to do anything other than buy a little time. Does he not think it only fair, in the light of the decision that was made by this Legislature by way of resolution on Thursday, that he do something to give effect to that resolution?

Hon. Mr. Kwinter: The effect of that resolution was just that; it was a resolution. As the leader of the third party knows, I am bringing forward a new Pension Benefits Act and that can be debated. If it is the will of the House that an

amendment be made to it, that will have the force of law.

At present, there is no way we can enter into any type of negotiation that will alter a contractual agreement between management and labour without having legislation, and it will not be retroactive. It is not going to happen.

Mr. Rae: The minister should know that his own pension commission, in its submission to the court last week with respect to Dominion Stores, said the plan was not a negotiated document but was a document administered entirely and exclusively by the company.

In the light of that fact and the reality that the vast majority of pension plans are not genuinely negotiated between the parties but are presented to the workers on a take-it-or-leave-it basis, whether they are organized or not, does the minister not recognize the obligation of the government to step in on behalf of Canadian workers to protect this money and make sure it does not disappear back to the United States but stays in Canada to improve their pension plans and effectively protect them and their dependants?

Hon. Mr. Kwinter: I do not want to get into much detail on the cases before the courts, but the member will know that in the Dominion Stores case the withdrawals were considerably more than that part that is being litigated. There is no question that the pension commission felt there was some area for some kind of dispute about one section and that is why it is before the courts, but there was no dispute on the other parts. It was something the pension commission felt was right and it gave the approval to do it.

Mr. Rae: The minister does not know. The pension commission approved the whole thing. The matter was not taken to court by the pension commission. It was taken to court by the workers because the pension commission did not do its job and did not protect the workers, in the view of the workers. The pension commission never had anything to do with it.

BEACH POLLUTION

Mr. Rae: I have a question for the Minister of the Environment. The minister will be aware with respect to our beaches, not only in Toronto but also all along the Great Lakes system, of the growing evidence of pollution of those waters by means not of high-pollutant chemicals but by the reality of continued pollution of sewage and of raw sewage floating directly into the rivers.

Can the minister confirm that his latest budgetary estimates show very clearly that under

item 3, water resources activity, his ministry spent \$4 million less than was authorized in 1985-86? Is he aware that the budget for grants to municipalities has been cut by \$1.5 million, his budget for the Canada-Ontario agreement for sewage program has been cut by \$1.7 million and that when it comes to basic sewage work from one end of the Great Lakes to the other, protecting the environment and dealing with the pollution of our beaches, he is doing less than the former minister Morley Kells did?

Hon. Mr. Bradley: That is a criticism I must take seriously because to be compared in those tones and in that particular case is something to behold.

I can assure the member that our ministry is working hard on a couple of programs which we think will be very helpful in alleviating this problem. As the member would know, part of the problem has been identified as combined sewer systems which in a large storm produce an effluent that cannot go through the plant; if it does, it removes all the chemicals used for treatment. That is one problem.

A second is considered to be some urban runoff. There are those who contend that even if we separate the storm and sanitary sewers, there is still a significant problem of urban runoff bringing some of the same bacteria into the lake system.

In the light of these large problems, particularly those which relate to international waterways—the member for York South (Mr. Rae) is losing attention over there—

Mr. Speaker: Order. Would the minister please conclude?

Hon. Mr. Bradley: —it is our view that we should have our national government involved.

Mr. Rae: We need sewage separation in dealing with ministerial statements when it comes to answers. The coliform count is definitely up with respect to the answer. That is the concern I have.

Mr. Speaker: Supplementary.

Mr. Rae: There have been special proposals made to the ministry on the construction of detention tanks which would deal with both the problems the minister is describing, those of sewage separation and runoff. Why has the ministry not responded to the study dealing specifically with detention tanks? It has been completed for some time. I go back to the bottom line. Why is he spending less when it comes to grants to municipalities and the Canada-Ontario agreement for sewage program? Why is he

spending less and doing less than the previous government?

Hon. Mr. Bradley: As the member would be aware, the last time I was in this community with the federal Minister of the Environment, the Honourable Tom McMillan, we were dealing with a continuation of a program which deals with sewage treatment plants, for instance. That is the program to which he makes reference.

There was money available for sewage treatment plants for a time under what was called Central Mortgage and Housing Corp. In the agreement we have signed with the federal government, we have agreed to continue our operation in this regard, to provide the necessary funding and to deal with that problem.

In regard to those relationships directly with the municipalities, we have ongoing discussions with both regional municipalities and local municipalities with a view to providing in the near future the type of enhanced program we feel will deal adequately with the problem.

Mrs. Grier: The minister says he is having ongoing discussions with the municipalities. I am sure the minister is aware that the closure of the beaches in Etobicoke and in the western end of Metropolitan Toronto is happening earlier in the season than previously. The minister has not yet informed the Metro municipalities of how much funding will be made available to them this year. Can the minister tell us what he intends to do to clean up the beaches of Metropolitan Toronto this summer?

Hon. Mr. Bradley: If the honourable member anticipates that every beach in Metropolitan Toronto will be open this summer, she should be aware that even under a New Democratic Party government not every beach would be open every hour of every day this summer.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Bradley: To be fair, that would not happen. I can tell the member—

Interjections.

Mr. Speaker: Order.

Hon. Mr. Bradley: I know the member is interested. Some of her colleagues may not be, but the member asks a good question.

We will be working in conjunction with the area municipalities, specifically with Metropolitan Toronto, with a view to providing additional funding this year to deal with the problem of sewer separation and with the type of program the member's leader mentioned, which involves ponding of the storm runoff. We will also be

looking at the other potential sources, industrial and farm runoff and things of that nature, to ensure we have a comprehensive program that pinpoints problems and spends the money most effectively. We will be doing that on an increased funding basis this year.

2:40 p.m.

EXTRA BILLING

Mr. Grossman: My question is of the Minister of Health. At Sensenbrenner Hospital, as a result of the current disagreement between the government and the Ontario Medical Association, the chief of staff has resigned, the president, vice-president and secretary-treasurer have all resigned from the medical staff executive, and all medical staff have withdrawn from all administrative positions and functions pertaining to hospital operation. As required by law, the board of governors can no longer fulfil its mandate and uphold the Public Hospitals Act.

Given this situation, of which the minister was notified last week, how is it that his office staff could have said in response to a request for assistance from the hospital, "Nothing is to be done for the time being"?

Hon. Mr. Elston: The honourable gentleman knows that some things have been done there. There have been contacts with respect to the people who are acting as staff at the hospital, who are admitting patients and who obviously have the primary obligation to ensure that the care of their patients is maintained. The honourable gentleman knows that contacts were made.

My reading of the situation when I left here last week—I do not have an update today; I just came in from the constituency—was that the matter was in hand.

Mr. Grossman: With respect, this is not meant to be a judgemental situation. The question is whether the resignations due directly to the government's handling of Bill 94 bring that hospital into a situation where it no longer complies with the Public Hospitals Act or regulation 865.

Having read the communication from Sensenbrenner, and knowing the situation as he does, will the minister not agree with me that the hospital is no longer able to meet the provisions of the Public Hospitals Act and regulation 865?

Hon. Mr. Elston: On reading the regulation, one would have to be aware of the fact that there are various ways of establishing the peer review and the quality control that are necessary inside the hospital. We are of the view that if efforts are made by the board to establish, formally or

informally, the mechanisms to review the quality of care inside that institution, it is carrying out the mandate of the Public Hospitals Act.

Each of us must be very much aware of the fact that physicians who admit patients to public institutions are also required, along with the board members, to provide the very best assurance that quality medical care is being given inside those institutions. Having some information about the contacts that were made, I am assured—at this point, anyway, unless the honourable member has a particular case he wants to bring to my attention—that things are going well at Sensenbrenner Hospital, although, as he has rightly stated, it may be that the chief of staff and others have resigned from the official or more formal mechanisms.

Mr. Grossman: To make matters worse, we are informed that the trustees of the hospital have indicated they may also resign because they do not want to be held personally responsible for problems that may arise.

Is the minister going to approach the next few weeks, and the possible withdrawal of service due to the way the government has handled Bill 94, from the standpoint of making his own judgements from day to day on which hospitals are able to carry on? Or, instead, is he going to enforce the Public Hospitals Act and have a strict interpretation of whether hospitals comply with that act?

I put the proposition to the minister that if he is going to make judgement calls with regard to when hospitals can safely operate and when they cannot, he is playing fast and loose with the health of the people of this province.

Hon. Mr. Elston: I am not playing fast and loose with the health of the people of this province. The member knows that full well and he ought to stand up and admit this is the case.

He went out and addressed a gathering on the front steps of this public institution and told people they ought to do the necessary things. He came very close to suggesting, although he might back away from it now, that there be a withdrawal of services by that august gathering. He will probably say this is not so at this point. He is backing away already, and he is talking about playing fast and loose. This poor guy does not know what in the world is going on.

I can tell this gentleman that I am interested in maintaining the quality of health care for the people of this province. When we found out about Sensenbrenner, we reacted. We took the opportunity to review the situation and we are continuing to review it. I do know contacts were

made to ensure there is quality of care. If the member says there is not quality of care provided for the patients of that institution, tell me that specifically. If that is his allegation, put it up front.

Mr. Grossman: The minister's attempt to blame other people for the withdrawal of services, which unilaterally he has caused—

Mr. Speaker: New question.

Mr. Grossman: —is a shameful display of lack of courage to face up to the circumstance in a strike created by the Premier (Mr. Peterson).

Mr. Speaker: Order. Your question is to which minister?

Mr. Grossman: It is his strike; let it hang around his neck.

Much as the minister wants to throw the onus on other people for assessing when health care is threatened, as his Premier wants to throw the onus on others for showing that mediation would be helpful, I want to repeat the question. Is he going to make a personal judgement with regard to when a hospital can continue to operate or is he going to enforce the Public Hospitals Act to the letter, in order to ensure the health care of the people of this province?

Hon. Mr. Elston: We have mechanisms in this province to operate and manage our public hospitals. They are called boards of trustees. Those boards are functioning. The people are taking the steps that are necessary to function and they are carrying on well. If the member is suggesting that is not taking place, he should make the specific case and I will look into it. He knows I will. He need only give the specifics of it, with none of this casting about for the ifs or the hypotheticals. Please put the specifics and I will examine the case.

Mr. Grossman: I want to give the minister some specifics: the chief of staff has resigned; the president, vice-president and the secretary-treasurer have resigned; the medical staff has withdrawn from administrative positions and functions relating to hospital operations. Those are specifics with regard to what has happened at the Sensenbrenner Hospital.

My question is simple and the minister has ducked answering it. In view of those resignations, is it his view that the Sensenbrenner Hospital totally complies with the Public Hospitals Act and the regulations thereto? Does it or does it not?

Hon. Mr. Elston: It is my understanding that they have made the necessary arrangements to carry out the intent of that act, which is to ensure

the quality of care for the patients in that institution. As I understand it, they are providing quality of care for the patients in that institution as is required.

SEWAGE TREATMENT PLANTS

Mr. D. S. Cooke: I have a question for the Minister of the Environment. Is the minister aware that the city of Windsor is dumping one million gallons of untreated waste a day from the east-end sewage treatment plant? What is he prepared to do to make sure the city of Windsor lives up to any regulations he would expect the private sector to meet and the city should also have to meet?

Hon. Mr. Bradley: For a number of years, I believe the city of Windsor has experienced that problem because of lack of capacity at that plant. Our ministry officials have met with the representatives of the engineering department in Windsor on many occasions. In this case, an expansion to that plant has been planned to deal with that problem.

Mr. D. S. Cooke: The reality is that the expansion is not planned until the end of the 1980s and it is already two years behind because the city cannot afford it.

Is the minister also aware that literally thousands of homes in the south end of Windsor are still hooked up to septic tanks and dump raw sewage in the Grand Morais drain that goes into Turkey Creek and into the Detroit River? There are also hundreds of people on sewers that are not separated, so raw sewage is going directly into the Detroit River. The total cost of correcting this problem for the city of Windsor is \$145 million. If the minister realizes the city cannot afford it, why does the province not start a program and get it cleaned?

2:50 p.m.

Hon. Mr. Bradley: The member will be aware that over the years the province has contributed a significant amount of money to the cleanup of problem sewage treatment plants, as the former minister also would indicate. It is our view that additional funds are required for this. The member may be aware that I have been in discussion with the federal Minister of the Environment, particularly in the light of two facts: first, that these are related to international waterways, and second, the historical assistance that has been provided by the federal government in years gone by. I can add a third, that there is the need for what we call infrastructure renewal, which was discussed at the annual meeting of resources and environment ministers.

It is my view that the honourable member is quite correct in his assessment that there is a need for more funding for activities of that kind. This province is prepared to play its role. We invite the national government to participate in what we think can be a very comprehensive and extensive program that will solve many of the problems that exist around the province.

HEALTH SERVICES

Mr. Bernier: I have a question for the Minister of Health. In allocating the 176 chronic care beds to northern Ontario, did the minister consult with the four northern Ontario district health councils to obtain a picture of their needs?

Hon. Mr. Elston: With respect to allocations, they are not finalized. I spent some time in northwestern Ontario at the end of last week. I spoke with some of the members of boards of local hospitals, as well as with the district health council and members of the hospital committee to get some first-hand information with respect to the needs in that area. However, the allocation is not yet fixed.

Mr. Bernier: Can the minister assure the people of northern Ontario that we will get our fair share of that 3,000-bed allocation?

Hon. Mr. Elston: I think the honourable gentleman recognizes better than anyone that a series of awards has already been made for extended care beds in his area under the auspices of a ministry for which he was minister. The EldCap program openings are just beginning. We are looking at the influence they will have on the needs for that area during the next several months. However, determination of actual allocations is not yet final.

WORKERS' COMPENSATION BOARD

Mr. Hayes: My question is for the Minister of Labour. He is well aware that the Windsor and Essex region is one of the most industrialized areas in southwestern Ontario. I am sure he is also aware that for the period January through September 1985, the Windsor-Essex region had the highest rate of compensation cases and the highest accident frequency and severity rate in Ontario. Can the minister explain why, as in the tradition of past Tory Ministers of Labour, he has chosen to ignore the needs of the heavily industrialized city of Windsor and area by failing to locate a Workers' Compensation Board regional office in that city?

Hon. Mr. Wrye: I will be happy to explain. I am sure the honourable member will remember that last fall, as part of the reforms under Bill

101, Workers' Compensation Board changes were made in the administrative structure. Since October 1985, there is a new independent board of directors of the WCB. That board has substantial business and trade union representation, as well as representation of injured workers' groups and the public.

In the late fall, reacting to the need for further decentralization, a need I have emphasized to the new chairman of the board, Dr. Elgie, the board of directors of the WCB made a determination for three new regional offices to add to the regional offices already in place in London and Sudbury. Their determination was to put those offices in Hamilton in the first instance, then in Ottawa and then in Thunder Bay. In the first two cases, it was necessary to have large regional offices and large centres to reduce the case load in Toronto. In the third case, important cost factors were involved. I am sure the member's colleague the member for Port Arthur (Mr. Foulds), as well as the member for Fort William (Mr. Hennessy), can confirm that for him.

Mr. Hayes: I find it rather interesting that on several occasions the minister has stated he cannot really influence the WCB, but at the same time, when it made the announcement in Hamilton, he was there to take credit for opening that regional office. Will the minister take action to put a WCB office in Windsor to meet the needs of the people in Windsor and in Essex and Kent counties?

Hon. Mr. Wrye: I am delighted to hear the honourable member put that information on the record. I am sure all his colleagues agree the minister ought to interfere, because—let us be clear—he is suggesting the minister ought to interfere and say to the board of directors of the WCB, "Look, fellows, I am the Minister of Labour, I am from Windsor, I want an office in my community and I want one now." If that is what the member is saying, he ought to say that.

I was in Hamilton, along with the chairman of the WCB, as the member may or may not know, to announce three new regional offices and to make it clear, and I made it clear on any number of occasions, that this government believes firmly in the policies of decentralization. Unlike the previous government, we have moved ahead with three new regional offices and we intend to move ahead with more as soon as the appropriate time comes.

Mr. Hayes: On a point of order or privilege, Mr. Speaker: Maybe I should have made a clarification. I should have asked the minister whether he would take credit for it if it got there.

Mr. Speaker: Order.

ASSISTIVE DEVICES PROGRAM

Mr. Andrewes: My question is to the Minister of Health. When does he anticipate meeting the commitment of his leader, made to the Ontario March of Dimes, that "Liberals stand for immediate implementation of the assistive devices program for all ages"?

Hon. Mr. Elston: We have moved in that area in several stages. We have worked on expanding the program, first, to the age of 21. We will be expanding that to 22 on July 1. In addition, prostheses will be covered for all age groups starting July 1 and respiratory services will be made available September 1, 1986.

Mr. Andrewes: Great progress. This is a very complicated supplementary so the minister will have to listen carefully. For medically prescribed devices under the assistive devices program, the ministry covers 75 per cent of the costs and the patient pays the other 25 per cent. How does the minister rationalize the apparent contradiction between his concern on Bill 94 for health care accessibility, where he is arguing that patients are limited in accessibility in about four per cent of the cases, when in the case of assistive devices every patient who qualifies pays 25 per cent of the cost all the time? How does the minister rationalize that contradiction?

Hon. Mr. Elston: It has taken us about 25 years to implement a fairly wide-ranging insured medical services program in this province. It takes some time to put things into place. I understand that. There are a number of areas in which we have to make sure our ability to service the program is in place and working. We have made sure we have July 1 in place for those who require prostheses. We will be making the necessary arrangements for September 1 with respect to respiratory equipment. We are working away at that. The concern all of us have is that people do have accessibility to this.

Right now, for a good number of people there is no assistance whatsoever and we are moving to ensure there will be assistance available—for prostheses and respiratory equipment—and I am pledged to moving even further.

Mr. Andrewes: For all ages.

Hon. Mr. Elston: For all ages.
3 p.m.

SPECIAL EDUCATION

Mr. R. F. Johnston: I have a question for the Minister of Education. It concerns special

education and a program of Bill 82, which is supposedly now in place throughout the province, guaranteeing all children an education appropriate to them. Why is there no program available in the entire region of Ottawa-Carleton in any of the school boards for French-speaking children who are blind or severely visually impaired? There are two teachers in the English-speaking section but none at all in the French-speaking section in that region.

Hon. Mr. Conway: As the honourable member indicated, in September 1985 all school boards in the province were to be prepared to provide for the requirements of all their exceptional students. That is the law of the province. They either provide directly or through a purchase of service. I am not aware of the situation in the national capital area to which the member makes reference but I will be happy to take today to investigate, hear the board's side of it and report back to him tomorrow.

Mr. R. F. Johnston: One of the things the minister is likely to find is that it is very difficult to provide programming when there is nobody capable of teaching it. Does he realize that in the whole of Ontario I have only been able to find one person who is credited to teach to the visually impaired in French? She works in Sudbury.

Why do we not recognize training from Quebec as acceptable in Ontario? Why is it that we have no program available anywhere in Ontario to train teachers in French to look after the visually impaired?

Hon. Mr. Conway: The member does raise a valid point about a specialized area where our requirements are not fully met. My colleague the Minister of Colleges and Universities (Mr. Sorbara) and I have been reviewing ways and means of dealing with those rare but specialized circumstances. We hope we will be able to address all of those in the not-too-distant future. Again, I would like at least 12 hours to investigate the particular matter that—

Mr. R. F. Johnston: It is not so rare. There are more. I will be back.

Hon. Mr. Conway: I know there are some. My health unit cannot attract an occupational therapist to my county. Some people do not want to locate in Renfrew, if the member can believe that. I do not know why that should be a concern, but it is.

I recognize that there are some difficulties. I do not deny that, but the member's concern about the national capital is something I will investigate and will report back on to him very promptly.

SENIOR CITIZENS' SERVICES

Mr. Cousens: I have a question of the Minister without Portfolio responsible for senior citizens' affairs. Last week, on Monday, June 2, in a statement to the House the minister indicated: "In addition, I will continue my role in policy development in health and social services. I will address three major areas. The first of these areas is a new extended care act."

Can the minister please describe the nature of this extended care act and the services for the elderly that would be impacted by such an act?

Hon. Mr. Van Horne: The member for York Centre picks on what I think is one of the most significant parts of our white paper. What it will do is put under one piece of legislation what has existed under three pieces of legislation, the Charitable Institutions Act, the municipal Homes for the Aged and Rest Homes Act and one other piece of legislation.

Mr. Rae: The Nursing Homes Act.

Hon. Mr. Van Horne: It will provide a single, improved act, which would apply to all providers and establish uniform criteria in such areas as inspection services, programming, staffing, quality of care and physical plant standards. That other piece of legislation is the Nursing Homes Act, which was mentioned by the leader of the third party.

Mr. Cousens: We know the Minister of Health (Mr. Elston) is preparing to introduce amendments to the Nursing Homes Act. Will the Minister without Portfolio's proposed extended care act make the Nursing Homes Act redundant, or is it his intention to further confuse Ontario by bringing in the issue of regulation of extended care beds and by proposing yet another piece of legislation?

Hon. Mr. Van Horne: Certainly not. As the Minister of Health indicated within the last week or so, he is bringing on stream interim measures to address a very deep concern of ours, that is, the whole nursing home process. It will not interfere; as a matter of fact, it will go beyond that. I am surprised that the member, in asking his question, did not also address the issue of heavy care, which is a concern to all of us and which also will be addressed as we rewrite this legislation.

INTERNSHIPS

Mr. Wildman: I have a question of the Minister of Health. In view of the fact that in his ministry's underserviced areas program there are approximately 75 positions vacant in northern Ontario and in view of the fact there is a

significant number of refugee doctors in Ontario who are willing to practice in the north, will he ensure that there is a sufficient number of internships available to enable these doctors to qualify under our medical licensing regulations?

Hon. Mr. Elston: Over the past several years and months in this province, we have provided a number of graduates of foreign medical schools with opportunities to intern in Ontario. The honourable member knows one of the problems that has arisen is that there are about 600 positions generated by graduates of Ontario schools and others which are then open in addition to that. As I understand it, all positions are open to anyone who applies. These reviews are made by the people who locally know what the needs of their hospitals are, and from there they go on to qualify under the requirements of the College of Physicians and Surgeons of Ontario.

It seems to me that if we analyse the number of people who are coming into the system in Ontario, we will find a very high percentage of what are called graduates of foreign medical schools now practising in Ontario. We have had a substantial increase in the numbers of people registered to practise in Ontario who are graduates of non-Ontario institutions and are finding work here in Ontario.

Mr. Wildman: The point is, there are not enough internships. Is the minister not aware that we have a number of Vietnamese doctors and 52 Polish doctors, among others, who have indicated they wish to practise in northern Ontario? His own leader, now the Premier, indicated in 1984 this was an idea that should be carried out. Will the minister take action to ensure that there is no longer the current waste of talent? For instance, why should a well-qualified dermatologist be out of work when there is a need for a dermatologist in Sault Ste. Marie? Why should there be one internist serving as an orderly and another serving as a file clerk in Toronto hospitals? Is this not a tremendous waste of talent?

Hon. Mr. Elston: One of the requirements of the Ministry of Health and of the college of physicians and surgeons is to ensure that those people who are trained have qualifications which will meet the public needs and the public protection in Ontario. It seems to me we will have to be sure that, whatever program is devised to assist some of those people, the public interest will be protected. That is what we are doing now. We are taking a look at policies which will protect the public interest and we will continue to do that.

HOSPITAL FUNDING

Mr. Rowe: My question is to the Minister of Health. Operating grants for hospitals this year are being held to a four per cent increase. This fails to cover the increase in operating expenses of hospitals and is putting a tremendous strain on their budgets. Royal Victoria Hospital in Barrie, for example, is budgeting a \$2-million deficit, Cornwall General Hospital a \$500,000 deficit and North Bay Civic Hospital a \$1-million deficit. What action is the minister currently taking to ensure that hospitals do not curtail services to patients because of a lack of funding on his part?

Hon. Mr. Elston: The honourable gentleman will know this government has done a great deal to take the pressure off the funding deficiencies which existed over the past decades. We have done a great deal to alleviate the difficulties from which a number of those people have suffered in the past. It is not uncommon for people to take a look in the early stages and see a deficit being forecast for their institutions. Over the course of the next several months, there will be a very close monitoring of those institutions to see whether the projected settlements do what is expected, or at least what is projected they will be doing at budget time. We work very closely and will continue to work very closely with those institutions which are projecting there will be a deficit at the year's end.

I have found over the past 11 months or so, however, that the deficits which were projected in many cases did not reach the magnitude which was felt would result at the very early stages. I am very confident that the people in the institutional branch of my ministry will be able to monitor and look after the deficiencies in funding which the member has suggested might be projected by those various institutions.

3:10 p.m.

Mr. Rowe: This government has done a lot. Royal Victoria Hospital had a \$50,000-surplus a year ago and now it has a \$2-million deficit.

Hospitals are being put in a very difficult position because of underfunding. One striking example is in Cornwall, where the Cornwall General Hospital has been forced to divert more than \$1 million of its capital reserves to meet its day-to-day operating expenses.

Will the minister consider increasing the amount of operating grants given to hospitals so that they are not forced to use funds already set aside for other projects?

Hon. Mr. Elston: The honourable gentleman will be pleased to know that the diversion of those capital funds over the last little while has taken place under an administration for which he ran and for which he claimed a great deal of support.

I met recently with members of the Ontario Hospital Association and others who are interested in looking at the funding mechanisms and who are working at implementing some new funding mechanisms to deal with the realities of the 1980s.

In addition, we are looking at reporting mechanisms that will let us be more aware of the exact nature of the monetary needs of various institutions. When the honourable gentleman stands here and says this \$1 million, for instance, was just in the past few months, or suggests that to be the case, he is obviously mistaken, because that has taken place over a long number of years. If there has been a deficiency, we have moved to help alleviate the difficulties that have been suffered in many of our institutions. In fact, this past year we provided some extra funds to help some of those institutions over the hump.

ONTARIO LOTTERY CORP.

Mr. Swart: My question is to the Minister of Tourism and Recreation. The minister will recall the scam earlier this year surrounding the sale of Ontario Lottery Corp. tickets in the United States, particularly the case of Chubby Gallagher of Maine, who was not able to collect \$10 million even though he had sent in money for the tickets in good faith. Can the minister explain why this scam continues after his commitment to this House last January 16 that he would take action against it?

Hon. Mr. Eakins: I assure the honourable member that we are working on something in this regard. This scam will not continue very much longer, and I am sure I will have something to report to the House very soon.

Mr. Swart: Is the minister aware that a new company has apparently been formed, by the name of Horizon International, which is now selling those tickets in the United States. This company is based in Brampton and is charging, in Canadian dollars, about \$3 above the face value of the ticket. Is the Charles Wilson who heads this company not the same person under a different name who headed the infamous Financial Freedom Group and the Winshare Club? I ask the minister again, why does he not stop this scam by taking the simple legislative action to

prohibit all Ontario Lottery Corp. tickets being resold above their face value?

Hon. Mr. Eakins: As I have told the honourable member, action is being taken, and the member will be hearing something very soon on that.

PHARMACEUTICAL LEGISLATION

Mr. Leluk: My question is to the Minister of Health. Seven months ago, the minister expressed to this House a concern and an urgency to have the pharmacy bills, Bills 54 and 55, passed as soon as possible in order to issue a new Drug Benefit Formulary. The standing committee on social development completed its clause-by-clause second-reading review and approval of these bills some five weeks ago. Does the minister still believe in the urgency of Bills 54 and 55? Does he still intend to bring this proposed legislation forward for final reading and House approval during the current sitting of the Legislature and, if so, when?

Hon. Mr. Elston: I still believe in the urgency of Bills 54 and 55. The honourable gentleman will know from an earlier answer in this House that I am analysing what has come out of the committee stage. He will know that these bills have benefited from his extraordinary wide-ranging interest and from a number of amendments that were proposed by his party and by the other opposition party.

We are in a position now where we are analysing exactly what those bills are providing. It is of interest to know that under the current Bills 54 and 55 it will be the responsibility of either the college or the ministry to find prices for every drug in Ontario, whether it is listed under the Drug Benefit Formulary or not. We are trying to find out exactly what will be required so that we can make this workable.

To answer another part of the member's question as to when it will be done, I am interested in moving with it fairly soon, but I am obligated to go through it clause by clause, which is attracting wide-ranging debate and some degree of waiting when it comes the time to vote. As soon as Bill 94 is over with, we will be able to move on to other legislation.

Mr. Leluk: The minister has had five weeks to analyse what has come out of clause-by-clause debate and second reading. The minister knows full well that his delay in bringing these bills forward for final reading and House approval is costing the Treasury substantially—in his own words, \$4 million monthly. He knows it is costing Ontario consumers, is restricting the

advent of new beneficial drugs and is threatening the survival of some small independent community pharmacies. Knowing all this, why does the minister continue to procrastinate?

Hon. Mr. Elston: We are not procrastinating. I should mention to the member, as I did in response to a question he asked last week, that arrangements have been made to request information on prices. He will have to explain to us how we are to save all the money by bringing in a new Drug Benefit Formulary and yet save all the groups of people he has mentioned all the money. I am having a difficult time figuring out what he is saying. Is he saying he wants us to make the prices lower than the 1985 formulary? Is he telling us they ought to be higher?

The honourable gentleman should know I would like to have these pieces of legislation come in as soon as I can. I understand there is some suggestion that the member from the opposition party may want to move some amendments to this legislation. If that is the case, he should advise me soon so that can be taken into account when we move the legislation.

ONTARIO LOTTERY CORP.

Mr. Foulds: I have a question for the Treasurer about lotteries. There is more than one scam going on around the Ontario Lottery Corp. these days. He knows that his colleague the Minister of Tourism and Recreation (Mr. Eakins) has started an audit with regard to the lottery corporation's expenditure of funds. Can he account for the Treasury's expenditure of lottery corporation funds? It received \$250 million from the lottery corporation in 1984-85, but paid out only \$99 million according to Public Accounts. Can he account for the \$150-million skimming off into the general consolidated revenue fund? What steps is he going to take to prevent it in the future?

Hon. Mr. Nixon: One step is the announcement in the budget that we are going to change the emphasis in allocating Ontario Lottery Corp. funds, including recreation. We are going to expand them to hospital services and general expenditures. The utilization of the word "scam" is inappropriate in this and previous cases. In the past, the allocation of the lottery funds has not been totally taken up on the basis of government policy. These funds have been coming in faster than they have been allocated and that is one of the reasons the expanded allocation was noted in this year's budget.

Mr. Foulds: Can the Treasurer then explain why he brought in Bill 38 in the form he did? It

does not specifically allocate the funds towards sports, recreation, culture, cancer treatment, hospitals and university research, but leaves it wide open for the funds to be swallowed up by the consolidated revenue fund. What administrative and legislative steps will he take to make sure that the funds from lotteries are spent on the things that he says they will be spent on, instead of skimming them off and using them in a pre-election credit?

3:20 p.m.

Hon. Mr. Nixon: I regret the suspicions expressed by the honourable member. He should know better than to think that would ever cross my mind. The references in the budget to expanding the utilization were by no means inclusive. We consider the expenditure program of the government to be worthy of the support of all members of the House. I am prepared to predict that the honourable member will vote for the budgetary policy as so expressed.

SENIOR CITIZENS' SERVICES

Mr. Andrewes: My question is to the Minister without Portfolio responsible for senior citizens' affairs. This morning there were 24 patients waiting in the halls of Toronto East General and Orthopaedic Hospital for appropriate bed placement. We are told that at any one time 60 patients are inappropriately placed in acute care beds at Toronto East General. What is the minister doing to resolve a serious problem of health care accessibility?

Hon. Mr. Van Horne: That is not unlike the member's question of a week or so back wherein he asked about chronic care beds in the Hamilton area. He knows full well that the assignment of such beds is the responsibility of the Minister of Health.

A week ago, in announcing the white paper and the master plan we were presenting, the teamwork that was evidenced is going to be one of the ongoing signs or symbols of a new approach to providing care for seniors. Specific to that question, as we bring on stream our regional geriatric assessment units to accommodate the various health problems of seniors and the one-stop shopping to accommodate the other support services for home services, we will, by and large, resolve the whole placement and treatment process.

We are all aware of the intricate involvement of a variety of ministries with the provision of assistance and care. If we are honest for a minute, we also know these problems are not resolved overnight. I can assure the member that problems

such as the one he brings forward today will be resolved.

PETITIONS

NATUROPATHY

Mr. Warner: I have a petition signed by 90 people, which reads:

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"Whereas it is our constitutional right to have available and to choose the health care system of our preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

GASOLINE PRICES

Mr. Callahan: I have a petition, which reads:

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"That the government of Ontario reduce gasoline tax by 1.1 cents a litre from 8.3 cents a litre to 7.2 cents a litre immediately and phase in further reductions over three years to 5.4 cents a litre by 1989."

Mr. McCague: I have a petition similar to that of the member for Brampton (Mr. Callahan) from residents of Dufferin-Simcoe.

MOTION

ESTIMATES AND SUPPLEMENTARY ESTIMATES

Hon. Mr. Nixon moved that the estimates as they are presented to the House be referred to and considered in the committees as indicated in the allocation statement printed in Orders and Notices today, and that the supplementary estimates as they are tabled in the House be referred to the same committees to which the main estimates have been referred for consideration within the times already allocated to the main estimates, and that any order for concurrence in supplementary supply be included in the order for concurrence in supply for that ministry.

Motion agreed to.

ORDERS OF THE DAY

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Chairman: When we left off on Thursday, we had carried section 3. I believe the next amendment in order is that of the member for Lincoln (Mr. Andrewes) moving to add section 3a.

Mr. Andrewes moves that the bill be amended by adding the following section:

"3a. Subsection 3(1) shall be deemed to be complied with if the minister has entered into an agreement with the physicians, dentists and optometrists that provides:

"(a) for negotiations relating to compensation for insured health services between the minister and the provincial associations that represent physicians, dentists and optometrists;

"(b) for the settlement of disputes relating to compensation through, at the option of the appropriate association referred to in clause (a), conciliation or binding arbitration by a panel that is equally representative of the association and the minister and that has an independent chairman; and

"(c) that a decision of a panel referred to in clause (b) may not be altered except by an act of the Legislature."

Before we start, may we have a little quiet and attention to the member for Lincoln. There are a lot of private conversations going on in the House, especially close to the member for Lincoln.

Mr. Andrewes: I am delighted that the member for Grey-Bruce (Mr. Sargent) is here.

Mr. Sargent: It is pay day.

3:30 p.m.

Mr. Andrewes: In deference to my friend the member for Grey-Bruce, who I am sure will want to listen very carefully, I want to review our reasons for proposing this amendment.

Last Thursday we debated at some length an amendment put by the member for Windsor-Riverside (Mr. D. S. Cooke). It set out a very lengthy process of negotiation and discussion leading up to an option that either party could enter into for continued arbitration which would subsequently become binding on both parties. In his amendment, the member set out that process

in some detail. It was in subsection 3(17) of that amendment that the member took the process off into the jurisdiction of the Arbitrations Act.

That amendment was not supported by ourselves or by the government. We are not proposing to restate our positions with respect to the amendment, other than to say that our reasons for not supporting it are very clear. Our desire, though, if this bill is to pass the Legislature—and it would appear, to use the expression of the member for Renfrew North (Mr. Conway), that I, unlike Joe Clark, can count; and therefore, it is obvious to me, as it is to the member for Renfrew North, that Bill 94 will carry and will pass the Legislature—we want to make sure as a party that Bill 94 treats all of those who are—I was going to say loosely “offended by it”—but make that affected by it in a fair and reasonable way.

I want to tell the Minister of Health (Mr. Elston) that, had the Speaker allowed question period to continue for a short time further and had the Attorney General (Mr. Scott) been here, we would have sought his opinion about Bill 94 and whether it was the government's intent to make Bill 94 nondiscriminatory. We were quite confident that the Attorney General, in his wisdom, would have told us it was his intent to make Bill 94 nondiscriminatory in the sense that those who were impacted by the bill would all be impacted equally and fairly.

It appears that this bill, which brings into effect in Ontario the Canada Health Act, impacts on doctors, physicians, dentists and optometrists, but, by giving effect to the Canada Health Act, it leaves out one of those groups from one important aspect of the Canada Health Act. I go back to the act itself. It is section 12, as members will recall, that starts off by saying in subsection

1, “In order to satisfy the criterion respecting accessibility, the health care insurance plan of the province,” and that is the Ontario health insurance plan in this case, “must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly whether by charges made to insured persons or otherwise, reasonable access to those services by insured persons.”

That, of course, is the government's argument for bringing in Bill 94. It is premised on the intent of paragraph 12(1)(a). Bill 94 is predicated on the intent of that clause. Therefore, it seems logical that the government would wish to be consistent in its intent; that is, to implement the effect of the Canada Health Act.

Going on, paragraph 12(1)(b) states the health care insurance plan of a province “must provide for payment for insured health services in accordance with a tariff or system of payment authorized by the law of the province;

“(c) must provide for reasonable compensation for all insured health services rendered by medical practitioners or dentists.”

That was the subject of some discussion when we dealt with the amendment put by the member for Windsor-Riverside which set out the negotiation process. The minister will recall that in his comments he suggested there was in place at present a negotiation process which he felt was reasonable. Our arguments were that when one is dealing with an issue of this magnitude and substance, the negotiating process has to be acceptable to both sides. Therefore, we were not adverse to the intent of the amendment, except that it was too explicit and perhaps too binding in its process.

We come to paragraph 12(1)(d) of the Canada Health Act, which states the plan of a province “must provide for the payment of amounts to hospitals, including hospitals owned or operated by Canada, in respect of the cost of insured health services.”

It is in subsection 2 where the argument lies in support of our amendment. Subsection 2 says:

“In respect of any province in which extra billing is not permitted, paragraph (1)(c)—which is the paragraph on compensation—“shall be deemed to be complied with if the province has chosen to enter into, and has entered into, an agreement with the medical practitioners and dentists of the province that provides,

“(a) for negotiations relating to compensation for insured health services between the province and provincial organizations that represent practising medical practitioners or dentists in the province.”

If I may refer briefly to the bill itself, subsection 3(1) begins, “The Minister of Health may enter into agreements with the associations mentioned in subsection 2, as representatives of physicians, dentists and optometrists, to provide for methods of negotiating and determining the amounts payable under the plan in respect of the rendering of insured services to insured persons.” Then it goes on to list the associations.

Subsection 3 reads, “The Lieutenant Governor in Council may make a regulation providing that the minister may enter into an agreement under subsection 1 with a specified person or organization other than an association mentioned in subsection 2.”

With respect to paragraph 12(1)(a) of the Canada Health Act, which requires the government to enter into agreements with medical practitioners and dentists of the province for negotiation relating to compensation for insured services between the province and the provincial organizations that represent practising medical practitioners or dentists in the province, that section is complemented by subsections 3(1), (2) and (3) of Bill 94.

3:40 p.m.

If we go to the second part of subsection 2 of the Canada Health Act, it continues: "If the province has chosen to enter into, and has entered into, an agreement with the medical practitioners and dentists of the province that provides..."

"(b) for the settlement of disputes relating to compensation through, at the option of the appropriate provincial organizations referred to in paragraph (a), conciliation or binding arbitration by a panel that is equally representative of the provincial organizations in the province and that has an independent chairman..."

We assume the minister wishes to be consistent in providing, as is provided under the Canada Health Act, "for the settlement of disputes relating to compensation through, at the option of the appropriate provincial organizations referred to in paragraph (a), conciliation or binding arbitration." Conciliation or binding arbitration is provided by the act and it is required that the province provide that option for dentists and medical practitioners.

The Canada Health Act is silent on the profession of optometry. It is our conclusion that in drafting Bill 94, it was the minister's and the government's intention to include the practice of optometry and to give the practice of optometry the same terms and conditions for the negotiation of its remuneration from the health services plan as it gave to the physicians and to the dentists. I am confident the minister would not want to appear to be discriminatory in dealing with this profession when it was quite obvious that it was his intent to bring the effects of the Canada Health Act into play in Ontario.

In making my arguments here, I hope the minister will consider this amendment. I understand he may have some concerns about the wording, and I am prepared to stand down the amendment if, in the wisdom of the minister and his advisers, he wishes to take some time to reword this section. Our intent is abundantly clear, and I am confident the minister will consider accepting our intent.

If he fails to, I caution him that Bill 94 will become a discriminatory piece of legislation. It accords certain procedures to two of the three groups which Bill 94 impacts but does not give the same procedures, privileges or options to the third group, the optometrists. Therefore, I think it wise that the minister spend some time considering the intent of this amendment and considering, if it was his intent in bringing in Bill 94 to give effect to the Canada Health Act, why he chose to include only two of the three groups on the basis of that background.

Hon. Mr. Elston: With respect to this style of amendment, I do not think it is appropriate for the legislation we have. I have worked quite considerably through staff with the Ontario Association of Optometrists. I understand the association has expressed some concern that it is not getting binding arbitration in the legislation at its unilateral decision. I prefer to work with the various associations in implementing suitable proposals for reconciling disputes.

I prefer to leave it at that. The legislation as it stands will allow me, the ministry and the government to make those arrangements with those associations without going through the mechanics of the sections proposed by the member for Lincoln.

I am quite aware of the need to provide a degree of fairness in the mechanism which is ultimately arrived upon. However, I do not see the member's amendment fostering the fairness of the development of those bodies any more than the current bill will allow us to do.

I am quite prepared to live with the negotiation and process which is currently established under Bill 94.

Mr. Sterling: I would like to ask a question of clarification more than anything else, from the minister and from the member for Lincoln. Does the minister understand the amendment to give to the optometrists the same rights which the Canada Health Act supposedly gives to the physicians and the dentists? In other words, does the minister believe this amendment in some way gives to this profession what was given to the other two professions under the Canada Health Act? Am I interpreting that correctly? It is rather a difficult cross-referencing of sections, acts and jurisdictions. Perhaps the minister can clarify that for me.

Mr. Andrewes: I am delighted to reply to my colleague the member for Carleton-Grenville (Mr. Sterling). I was listening to the question very carefully but I was also making some notes

on the comments the minister made previously so I could refer to them at some future time.

I think the question was, is it the intent of Bill 94 to give effect to the Canada Health Act? Was that the member's question?

Mr. Sterling: Partly.

Mr. Andrewes: In my view, it is the intent of Bill 94 to give effect to the Canada Health Act or, otherwise, why would we be having this whole kerfuffle? Why would we be talking about the refund of the withheld dollars by the federal government? Why would we be talking about ending the practice of extra billing in Ontario if the whole thing is not predicated on the Canada Health Act, which is the subject of the current debate and controversy in the province?

I am assuming that was the purpose of Bill 94. If it is the purpose of Bill 94, it should treat fairly all parties cited in Bill 94.

3:50 p.m.

Mr. D. S. Cooke: I am a little confused—and I was when I received this amendment from the member for Lincoln—in that the amendment simply says that at the choice of the association it will be able to opt for conciliation or arbitration.

The amendment we voted on last Thursday was a detailed negotiation section that adopted the negotiation process that is in place now with the Ontario Medical Association. It has a provision for an independent chairman and a provision for making certain facts public if an impasse in negotiations takes place. It went through a lengthy process that I think imposed good-faith bargaining on both government and the association.

The member for Lincoln said he could not support it, for whatever reasons. In reviewing Instant Hansard, the reasons given were not very substantial. However, they come to us today and we debate an amendment that says all you have to do is walk in the door and say, "Sorry, we have an impasse and we want to go to arbitration," and there would be absolutely no negotiations whatsoever. It provides for a very irresponsible approach to negotiations. It provides for an expectation that negotiations will fail and that we will always end up in arbitration. I do not think it is worthy of support.

I was disappointed last week. I think the reason the member and the Conservative caucus decided to bring forward this amendment is that they felt some heat from some people who were calling them and endorsing our proposal. The Conservatives felt they had to come up with a counterproposal that was filed with the members of the Legislature only late last week, well after

we had started clause-by-clause. As a result, we have this before us today. I do not think this is a responsible approach to the negotiations and I do not think it is worthy of the support of the members of the Legislature.

Mrs. Marland: Based on the comments of the minister a few moments ago that he is quite content to go without this amendment because he has full confidence in the negotiations—is the minister leaving?

An hon. member: I will be within earshot. I am sure I will be able to pay attention.

Mrs. Marland: I have a question of the minister, not purely a statement. Perhaps I will wait until the minister returns to his seat. This is a rather important bill in the eyes of the people of this province. I also suggest this is an equally important amendment. Considering the impact Bill 94 may have, regrettably, on the people of Ontario, I will wait until the Minister of Health returns to his seat.

Mr. Andrewes: I want to respond briefly to the comments of the member for Windsor-Riverside. He suggested that our amendment provides for a sort of open-door policy of binding arbitration. That is not the intent of the amendment. The intent is to give effect to the Canada Health Act, which I believe is the purpose of Bill 94.

I have already indicated that if the wording is inappropriate, it should be altered. I would be delighted to stand down the amendment, tidy it up and alter the wording. However, if he is opposed to giving effect to the Canada Health Act in Bill 94, I want to hear from him. That is what I sense he is saying to me at present, that two groups cited in the Canada Health Act will have certain privileges, while a third will not.

Mr. D. S. Cooke: What are those privileges?

Mr. Andrewes: My colleague has a copy of the act. I think this addresses another point he is concerned about. He said that any one of these three groups could walk through the door and suddenly undertake binding arbitration. That is not what the Canada Health Act says. It clearly has two clauses. One begins "for negotiations relating to compensation..." and says each province has to enter into an agreement with an association representative of the medical practitioners or the dentists for negotiations relating to compensation for insured health services between the province and the provincial organization.

We then go to the other subsection, which is the next stage, where the negotiations have

broken down and there is a dispute relating to compensation. At the option of the appropriate provincial organization referred to in paragraph (a), there is conciliation or binding arbitration. It is all very clearly set out. There is no question of what is involved, and we are asking the government to support fairness and reasonableness.

Mrs. Marland: Based on the minister's earlier comments, he is quite confident the reason there is no need for the amendment we have just placed on the floor is because he is quite satisfied with the negotiation process. He is quite confident the route to settlement through negotiation will work.

What would the minister do differently with the negotiations with the Ontario Association of Optometrists than he has done in the past six months with the Ontario Medical Association? If his confidence is so great in the process of negotiation, can he tell us how he can make it work this time, since it obviously has been an abysmal failure in the past?

Hon. Mr. Elston: The honourable member is absolutely and totally wrong. The mechanism worked very well with the OMA. We had one meeting, and we solved the outstanding issue of bargaining with respect to fees. The member does not know what she is talking about. It took half a meeting and we settled that. The mechanism worked well. We sat down, we exchanged information, we came to grips with that, and that fee resolution was done very quickly. In this situation, the member is absolutely and totally wrong about this being an abysmal process. It worked very well.

Mrs. Marland: Which negotiation is the minister referring to as a successful form of negotiation?

Hon. Mr. Elston: The fee resolution and dispute mechanism, about which we heard a little last Thursday. It was the same mechanism that was proposed by the third party, except that it added the arbitration at the end of the route. It is a Joint Committee on Physicians' Compensation for Professional Services, about which the member has probably heard so much, and it worked very well. The part of the amendment I cannot support is the binding arbitration section, although I have some sympathies with respect to a mechanism such as the JCPC, which is working well between us and the OMA.

Mr. Chairman: Before we carry on, would the member for High Park-Swansea (Mr. Shym-

ko) and the Minister of Education please carry on their conversation elsewhere?

Mr. Sterling: I want to ask a point of clarification of the Minister of Health. The Canada Health Act provides that to be opted in, as I understand it, first, it is necessary for the province to agree to enter into agreements for negotiations. Second, it is also necessary for the province to provide an option to the dentists and the physicians to go to arbitration if there is not a settlement of the negotiations. Is that not true, or can the minister interpret what clause 12(2)(b) is aiming at?

4 p.m.

Hon. Mr. Elston: It is our understanding that all we need is an agreement that does not have to require binding arbitration. Before her retirement, the Honourable Monique Bégin made considerable effort to indicate that the Department of National Health and Welfare would look at any consensual arrangement between the parties as fulfilling the mandate of the Canada Health Act.

The Canada Health Act is focusing now with respect to this resolution mechanism on determining whether the compensation level is reasonable. From that standpoint, as I read our communications with the federal authorities, they are not much concerned about how we get there provided there is reasonable compensation.

Mr. Sterling: Having said that, if there is a negotiated settlement or an agreement with, for instance, the Ontario Dental Association or the Ontario Medical Association, is it not true that under the Canada Health Act in order for us to opt into the system, we have to provide them with the option of going to arbitration? Is that for the negotiation agreement or for the negotiated settlement of the finer detail?

Hon. Mr. Elston: This is not my amendment, and it does not do some of the things about which the member is asking questions. As a result of our communications with the federal authority, I can tell the member it is not required to have necessarily binding arbitration. They do not care how we resolve any questions to be decided between the government and the various associations. They are interested in determining that compensation is reasonable.

The member must be aware, because he prefixed a couple of his questions by having us opted in, that there is no opting in or opting out of the Canada Health Act on the basis of our provincial membership in the Dominion of Canada. We are inside this legislation, whether

we like it or not. The only thing we can do is comply with the Canada Health Act and receive the refund of some \$100 million that is being withheld from the people of Ontario by Canada, and we must move to do that by April of next year.

We do not opt in or out of the Canada Health Act; we are inside the Canada Health Act. All that has to be determined once we remove extra billing is that there is a reasonable level of compensation provided to the people who are inside the ambit of the Canada Health Act.

Mr. Sterling: I am sorry, but I am still puzzled by the answer the Minister of Health has given me. Subsection 3(1) of Bill 94 talks about the minister entering into agreement with three associations, the physicians, dentists and optometrists.

Let us say he cannot enter into an agreement with any of those three groups. Does the Canada Health Act say under that section that if he bans extra billing, he must follow that particular section of the act? Is he saying clause 12(2)(b) of the act has no meaning? He is giving me the impression that in the interpretation of some officials that clause does not have any meaning. When does clause 12(2)(b) ever kick into effect? Under what circumstances could it kick into effect? Why did the Parliament of Canada pass that as a section of the act if it has no meaning?

Hon. Mr. Elston: The honourable gentleman probably knows that the current Minister of National Health and Welfare in Ottawa is being very flexible in his reading of the Canada Health Act. He has told us that several times. All that is required in Ottawa at this time, and even before this time, is that there be a way of providing for reasonable compensation. That does not require necessarily binding arbitration. It does not require in their reading any of the parts the member specifically wants clause 12(2)(b) to be analysed for.

As long as there is reasonable compensation and an agreement to arrive at that, we fulfil the requirements of the legislation under the Canada Health Act. I cannot straighten out the member any more on that; that is as specific as I can be. I can tell him what we have been told by the federal authorities. They will read it on the basis of reasonable compensation, but they have taken great pains to make it clear that does not require binding arbitration to be in place in all situations.

Mr. Sterling: Then the minister's interpretation of Bill 94 is that he is not giving to either the physicians' or the dentists' associations any option towards binding arbitration. In other

words, under Bill 94 or the Canada Health Act, they cannot opt for binding arbitration. Is that correct? Is that the minister's interpretation of what these associations have the right to do?

Hon. Mr. Elston: It is not required under the Canada Health Act that binding arbitration be in place. What is required is that reasonable compensation be provided.

Mr. McFadden: I find the recent exchange between the Minister of Health and the member for Carleton-Grenville interesting. It seems to go part and parcel with the way things have gone in terms of the Canada Health Act and the arguments that have been going on here.

The genesis of a lot of our difficulty in Ontario today and the reason we have worked into this stalemate between the government and the Ontario Medical Association has been the way the Canada Health Act was set up and the requirements of that act.

Based on the comments of the honourable member for Lincoln and the background of this amendment, this latest exchange indicates that the Canada Health Act is a bit obscure. As the minister has said, the federal government is now prepared to be quite flexible in its approach. If something basically fits in with the wording, it is quite happy provided everybody toes the line.

Part of the problem is that when the bill was conceived in Ottawa, it was conceived poorly. In the House of Commons hearings that were held about these kinds of rights and negotiations, attempts were made to deprive the OMA and other medical bodies of the right to appear in their own right before the parliamentary committee. If other groups outside of parliaments and legislatures had the chance to make submissions more thoroughly, the federal act would be a lot better than it now is.

With regard to the amendment put forward by the member for Lincoln, he points out and the amendment tries to deal with the fact that optometrists were not included under the Canada Health Act. It is a strange omission. Optometry is important. The minister obviously uses the services of an optometrist from time to time, as do a large majority of this House. I am one of the minority who does not. I assume a lot of members of Parliament did as well when this bill was passed. It is strange these people were left out.

Therefore, it seems only fair that the optometrists be included in Ontario and in the kinds of remedies that have been provided for under the Canada Health Act. At least these benefits and remedies would be available to optometrists in

this province, even though they were overlooked in the federal act when it was drafted and passed.

The particular amendments under clauses 3a(a) and 3a(b) seem to be very well placed. I know the member for Windsor-Riverside would like a lot of specifics about how binding arbitration might be put into place. This is an area that should be left to the government to work out with the relevant association. It is an area that could be covered by regulation. Very clearly, it makes sense that binding arbitration in line with the principles set out in the Canada Health Act should be permitted at the option of the association involved.

4:10 p.m.

I know we can say this might presume that the physicians, dentists or optometrists might start negotiating in bad faith in order to work around to binding arbitration. I do not think that would be the result. It could happen from time to time. It seems that binding arbitration is a two-edged sword for both parties. If any of the medical associations opt for binding arbitration, it is putting itself in a major way into the hands of a third party, which will make a final judgement on its full compensation. I doubt whether any of them would want to do that before they were pretty certain they had a good case and had been dealt with unfairly in negotiations.

The member for Windsor-Riverside commented that the doctors, dentists or optometrists might in some way deal with the government in bad faith in negotiations. I do not think that is valid ground for opposing this amendment. The amendment only gives effect to the objective and approach that, as far as we can tell, was indicated by the federal Parliament when the Canada Health Act was passed. The whole process of the presentation and passing of Bill 94 arose as a consequence of the impact of the Canada Health Act, according to the Premier (Mr. Peterson) and the Minister of Health. Therefore, it seems only fair and sensible that we bring this legislation into line with the Canada Health Act itself.

The provision that states the decision of the panel cannot be altered except by an act of the Legislature seems to be a necessary safeguard and safety valve for the people of Ontario. Binding arbitration has led sometimes to gigantic increases that would be totally inconsistent with what the taxpayer can afford to pay through the Treasury of Ontario. Therefore, it would make sense to have the proposed clause 3a(c) included so that if the government felt it was needed, legislation could be introduced to amend the award to within what could be reasonably

afforded by the province. That surely would give the safety valve that many people in the general public feel would be necessary to protect taxpayers from arbitration awards by an independent group which has no particular responsibility to the taxpayers in an elective sense.

By way of observation, in general I do not think it is necessarily in the public interest for a government department, agency or crown corporation to be bound by binding arbitration. Public bodies, such as the Legislature and the cabinet, are better able to make a judgement as to what is in the best interests of the public and any single group. The Legislature is in a better position to make a decision as to what the province can afford.

However, where the health and wellbeing of every Ontarian are potentially at stake and if negotiations do not go forward well, this could be an instance where we could justify binding arbitration on the grounds of public policy. The safety valve to the Legislature gives the necessary override that any legislature should have to protect its position in terms of taxing power and constitutional powers.

I cannot help but observe that this section, and the bill itself, will have a very fundamental effect on the basic rights of a very important group in our society. It has been my experience as a lawyer that things very frequently work their way through this House into legislation, come into effect and then the individuals, the groups affected and their counsel are horrified to find what the ultimate result will be.

My concern with Bill 94 is similar to that in the sense that I think the taxpayers, physicians and patients have reason to be worried about the long-term effect of Bill 94. This section is particularly urgent in this regard in that as a Legislature we must find every possible route to bring the physicians, dentists and optometrists of this province back into the fold. We do not want a situation in this province in the long run where the physicians will feel they are in an antagonistic position to government. That is certainly not what we want to see.

I keep hearing on both sides: "Whom do you want to control the health care system? Do you want it controlled by physicians or do you want it controlled by politicians?" In my view, that is to some extent a specious argument, because it would seem to me the argument is, "Do you want the medical system in Ontario to be controlled by physicians or by bureaucrats?" It is very clear to me that the politicians, the members of this House and the Minister of Health are not really

running the health care system. It is being run by unseen bureaucrats who are, in effect, not responsible to this House and who are certainly not responsible in any direct way to any committee of this Legislature on an ongoing basis, except once in a while at estimates time.

It seems to me that the primary group from which we want to have input and commitment is the medical profession. As a consequence of that, it is urgent that they feel they are not being put upon. We have to have an environment in which they feel their terms of employment are fair, the process is fair and their rights are being protected. In my view, in the long run if the physicians feel comfortable with the system and feel their rights are protected, they are going to do a far better job for everybody in Ontario than if they do not feel that way. One can say, "The doctors may be unhappy, but so what?" The "so what" means that if they are unhappy, it is the patients who will be hurt. I am sure that is something none of us in this Legislature wants to see happen.

To me, this amendment goes quite a way to at least protect the doctors and give them some necessary rights if this bill is passed, and it would appear at this point that it is going to go through the Legislature this spring. I cannot see any valid reason why the minister and the government are not in agreement with this amendment. It does not stop negotiations from going ahead in good faith with the physicians, the dentists and the optometrists. Surely the first thing we want to see is good-faith negotiations, so that the doctors, the dentists and the optometrists are happy in the system. That clearly is to the benefit of all patients.

4:20 p.m.

However, if the negotiations are not getting along well, we do not want a province-wide walkout; we do not want strikes, slowdowns or resignations; because when these things happen, who is being affected? Sure, the doctors may lose a bit of income, but in the long run it is operations that are postponed, treatments that cannot be provided and hospitals that cannot operate well. In the end, it leads to an undermining of the absolutely essential care that everybody in Ontario has a right to expect.

Labour-management problems, broken-down negotiations, strikes, uproars and resignations, as we have discussed earlier in this House, are hardly to the benefit of the patients or the system of medical care in Ontario. Consequently, the move suggested under clause 3a(b) to conciliation or binding arbitration, at the option of the

association affected, seems to me to put good faith back into the system. It creates a model whereby doctors, when they find they cannot work out an amicable settlement, can then have it referred to arbitration.

This will have the effect of moving the whole matter from confrontation over the bargaining table to arbitration. It will have the effect in the long run, I suggest, of preventing strikes, resignations and slowdowns in Ontario. Surely that has to be an ultimate objective of all of us.

I hope the individual or individuals who will be responsible for looking after the arbitrations will be reasonable. In general, on the basis of what I have observed of arbitrations in various other professional matters, I think the arbitrators' awards have not been badly out of line. I hope that, once the arbitration process was finished, the arbitrator's award would be acceptable to the government and to the medical profession and that therefore we would be finished with the kind of bitterness we have seen being generated during the last number of months. We would not have to face this every year or two.

The only time we might face this from time to time would be if the Legislature itself, obviously at the instigation of the government, felt it was necessary to bring the matter back to the House because it was not in a position to support the decision of the panel. I hope the government would not make a common practice of legislating fee schedules in this House. I assume this will not become the practice. It has not become the practice in any other areas where binding arbitration has been brought in.

I would see nothing wrong with the discussion of fee schedules in this House if the binding arbitration award were too excessive because, in supporting this amendment, I am not arguing that doctors are entitled to keys to the public safe. I do not think our party has ever felt that and I do not think doctors are looking for that. In conscience, none of us could offer any group the right to unlimited access to public funds or to any form of award that an arbitrator might come up with. The Legislature gives the public the necessary safety valve, which we can then use if we find that the award coming out of the panel is unreasonable or excessive.

I gather that the minister, at least up to now, is not persuaded by the arguments we have put forward. I do not know whether he is any more persuaded by what I have said. I note by the shake of his head that he is not. The minister heard most of what I said, so I assume he has heard most of the arguments I have put forward.

Mr. D. R. Cooke: Go back to talking about trade issues.

Mr. McFadden: The member for Kitchener intervened and asked me about trade issues. I am glad he mentioned that.

Mr. Chairman: That is not an appropriate subject unless it ties exactly into this amendment.

Mr. McFadden: The member for Kitchener knows, and I think the minister will confirm, that in the area of practitioners we have quite a free trade in people going from Canada to the United States to practise medicine. Family practitioners tend not to go to the United States, but unfortunately Ontario has lost a number of specialists in recent years, and on the basis of the recent discussions I have had with members of the medical profession a number of specialists are prepared to leave Ontario if this bill passes.

We have free trade in the sense that people can come and go to practise medicine where there are jobs and will be admitted to the United States. I can assure the member that doctors such as Dr. Munro, who recently announced he was leaving, and many other specialists have no trouble getting green cards or any other form of status to practise in the United States. In the same way, Canada would never turn away outstanding physicians from other countries. We have not been doing that. Ontario has been a tremendous beneficiary of many excellent practitioners who have come to Ontario from various countries around the world, let alone from other provinces.

I am about to wind up. I do not know whether the member for Kitchener wishes to raise any other points at this time. He indicates he does not.

Mr. D. R. Cooke: I do not know whether there is a market in the US any more.

Mr. McFadden: There is quite a good market, actually. There is a list of specialties available in the US.

Mr. Barlow: Especially for optometrists and those who are not treated fairly in Ontario.

Mr. McFadden: That is right.

Mr. Chairman: Order. You have to stay on the topic, which is the amendment of the member for Lincoln.

Mr. McFadden: This is the kind of amendment that will keep doctors in Ontario, which has to be one of our most important objectives. We want our doctors to be happy while they are practising here, to be happy to practise in this province. We do not want them to start looking to other places to practise their profession. It is clearly to no person's benefit to have outstanding

specialists leave this province because they are not happy with the whole environment in which they are operating.

In my view, this amendment would be a positive factor and a positive argument in having physicians stay in this province and continue to practise here. I am worried about the way the bill now is. If Bill 94 carries the way it is, with the amendments that have gone through so far, it will inflame the situation even more in its amended form than would the bill as it was introduced by the minister a few months ago.

This amendment would go at least some way in alleviating the concerns various physicians, dentists and optometrists have raised with me. I am not saying we will not lose some specialists, but this amendment would go at least some way towards alleviating the distress being felt by the world-class physicians we have in this country. The irony is that the government in the speech from the throne talked about "world class."

Mr. Chairman: You are too far off this amendment.

4:30 p.m.

Mr. McFadden: I will end by saying that in my view this amendment is the kind of world-class amendment that would enable us to keep our world-class physicians in Ontario. It provides a framework for negotiations and discussions that maintain the tradition of good faith and good-faith negotiations we have enjoyed in this province for years and years, and which we are in danger of losing if we carry on in the current track we are in.

While I know the minister and his parliamentary assistant, the member for Kitchener and others have been listening with rapt attention to what I have been saying, I hope they will concur with me, on second thought, that this proposed amendment is well thought out. I hope they will concur with me that it meets the current needs of physicians, dentists and optometrists, and it will go a long way towards dealing with the bad faith the physicians feel they have had to face. I hope it will help to make the enactment of Bill 94 less unacceptable to all of the excellent health care professionals we have in this province.

Mr. Cousens: The points raised by the member for Eglinton (Mr. McFadden) and the member for Lincoln underline the significant importance that our Legislature must place on the long-term relationship that we are to have with the whole field of specialists in medical care and services provided to our people in Ontario.

The amendment the member for Lincoln, the critic for Health, has tabled in the House today

has to do with the process of long-term relationships that we have with our health care providers. It is a matter of treating them in a way in which they can go away from negotiations and be a part of the process of being totally involved, of having a sense of participation but not a sense of having things thrust at them.

We are talking about the spirit of the whole bill with this amendment, which goes beyond what would seem to be a small amendment. It has to do with the relationship the government will have, and should have, with those service providers.

We are talking about a long-term bill. I suppose one of the first things that will happen when the Conservatives come back into power is that we are going to have to look at this bill again. We are going to have to look at it in such a way as to correct the inconsistencies and problems that are implicit in it, that are inherent in the process that is being developed by the government. What the government has to do now is make sure that the bill reflects an honest balance of what all the people of this province want to have, not to the exclusion of a particular group such as the optometrists.

There is something here that the member for Lincoln has failed to address, and that is that the bill does not go far enough, even with the amendments, to touch upon other medical service providers.

We are now talking about a government coming down upon the medical providers. It is imposing upon them a way of doing things. There is no longer room for the free enterprise system. There is no longer room for trust. What we are seeing instead is a system that has been calculated to put the professional bodies that I am concerned about at a disadvantage. That disadvantage is that one is dealing with one's own financial remuneration, as one deals with the way in which one is paid for services rendered. I do not think there is anyone in this House who does not want to see a fair return to those who are providing a service. We want to make sure the process that is being delineated and defined within this bill is truly fair. That kind of fairness comes through the amendment that has been proposed by the member for Lincoln.

We are talking about that relationship, of an agreement. We have seen a breakdown of agreements within our province with other professional bodies. There would be nothing worse than to have that happen here again within Bill 94. We saw it with the teachers in the 1970s when we had to bring in Bill 101 to provide for an arbitration process, the way of dealing between

the teachers and the boards, without every strike having to be brought to the attention of the Legislature.

That kind of negotiation does not just happen. As legislators in this province, we develop the context and lay it out, so that those who are participants in that negotiating process know they have a court of last resort, another step to go, without having an imposition of compulsory binding arbitration.

There is a problem to our whole government approach these days, which is that, number one, one must have government involvement in everything. This Bill 94 begs further government involvement. One of the greatest problems we have with this legislation is that it takes away something of the freedoms and rights of the medical profession, and in that sense it brings in upon all the medical profession a new set of rules that are foreign to our Canadian and Ontario way.

It is quite well known in Britain, where there is socialized medicine and a system which is restrictive and controlling and forces them to be within that kind of environment.

In Ontario, we have been free of that kind of government imposition, for lack of a better word, through a process of fair play and honest negotiations in which we had the checks and balances. I say "had," because very shortly we are about to lose those checks and balances that have been inherent in medical delivery services within this province. This amendment has to do with spirit. It has to do with the intention of the government dealing with those providers and saying to them: "Yes, we know you should sit around this table. We know you have something to contribute to that. We are prepared to listen, but if it does not work out, we are prepared to go to another level of negotiations, which has to do with arbitration."

I know the New Democratic Party will have trouble supporting this amendment. It has traditionally been opposed to any kind of arbitration.

Interjection.

Mr. Cousens: If there is that opportunity. I did not realize they were listening so carefully.

Mr. Andrewes: It is time for a sober second thought.

Mr. Cousens: Indeed, I take that back. If there is a possibility of the third party having the wisdom and insight to support this amendment in that way, it shows that anyone can think more deeply than I was prepared to give credit for. I hope there is that possibility.

Mr. Breaugh: Throw on another shovelful.

Mr. Cousens: I just have to comment that—

Hon. Mr. Wrye: I think the member blew it if there ever was a—

Mr. Cousens: No, we are prepared to listen to what the NDP has to say on a matter of this sort. We are trying to soften the harsh nature of Bill 94 and, through this kind of amendment, to broaden it so that there is an understanding that allows others to participate in the due process.

What is due process? When one is into that negotiation of price schedules and provision of services, it becomes a matter of professional ethics and pride to be able to sit down with others and work it out. To leave out other medical components to those discussions can cause them a sense of frustration if they are not able to raise their problems to the level we are trying to reach through this amendment.

4:40 p.m.

There are many aspects to this amendment that we should be looking at. If we fail to make the changes we are suggesting, we can see reasons for dispute if we do not have a clear method designed for that negotiation process to continue after we have started discussions and to take it through to arbitration. At that time, we could leave ourselves wide open to a breakdown in the delivery of services which would end up affecting the people in our communities who are looking to us to make sure they are provided with medical services of a high quality at all times.

There is a possibility that the Constitution could be invoked in support of this amendment and the rights and freedoms of other professional bodies being able to benefit from this kind of legislated process. Not to do so is the worry I have, because if it is not done, if there is no consideration of the optometrists or the dentists, as two examples of other great providers of medical services, we then could be facing a breakdown. That is the concern we have, and I would like to know whether the minister has any comments about what he will do when that breakdown occurs. If the negotiations break down, has he any suggestion for bringing them together without this legislation? Does he have a method of providing for that kind of arbitration? Is there a technique he can use?

We are not always going to have such a fine talker as the present Minister of Health, who is able to talk himself out of every question. We have asked him questions in the Legislature for the past several months and he has become adept at sidestepping every question. But he cannot

sidestep this question, because here he is dealing with those who are saying: "It is our profession. It is our existence."

Hon. Mr. Elston: How much are those guys going to talk? Is the member going to talk out the clock?

Mr. Cousens: I want to get an answer. If the minister will answer the question, I will be glad to sit down.

Hon. Mr. Elston: Let the member wind up. I will answer his questions as soon as he winds up.

Mr. Cousens: If the minister is in a position to do so, I would like him to comment on what he would do if this amendment were not done. I am not satisfied the government really knows. There has to be a position on the negotiation process.

We are opening up new ground. We have never had to start legislating common sense before. Legislation should stay away from certain areas. We have been able to have a middle ground in this province in dealing with the medical profession so that we did not have to legislate every point of view, every discrete point there was. There was a sense of fair play. There was an environment for discussion.

What we are seeing now, through Bill 94, is a closing down of that environment, and that concerns us, especially when it starts involving other professions as well. We are going to see the Minister of Health bring in bills every year now and in the foreseeable future as he or she seeks to modify this flawed legislation.

The minister is going to come in next year, possibly even as early as September or October. We might never get out of this House by the time he has had amendments to change the bill the government already has. Because of new ideas he has had, because of new thinking that has come in, because of new responses from the public, because of the response of the medical profession, the minister will feel compelled to start modifying this legislation even before it has been implemented. That is a sign of legislation that has not been fully thought through. It has not been fully understood by the government.

There is a chance that, because the Minister of Health is looking very interested and very concerned about this amendment, he might well have a change of heart. There have been changes of heart from the government in the past, and we might see one today that could begin to open up a fresh approach to the negotiating process that includes more than just the doctors. It could include the optometrists, the dentists and maybe even other specific fields of interest.

We are talking about all the legal and procedural issues associated with the self-regulation of health professionals. Many health professionals who are serving the people across our province are going to come more and more under government legislation and control. As soon as that happens, the government is going to have to start controlling more of what they do in the process of conversing with government than ever before. We have never had to do it, but the thin edge of the wedge is in this bill, which begins that process now whereby we take away common sense, whereby we legislate everything and whereby we start forcing discipline that was not needed before on each of these different health delivery services.

I therefore challenge the Minister of Health to rethink his position and open that up. The minister has possibly never been involved in the negotiating process. That has to do with his experience in different areas. His experience would probably be in other areas. He comes out of the education profession, and I bet he was a dandy teacher.

Mr. McFadden: He was a lawyer.

Mr. Cousens: Was he a lawyer? I bet he could be a good lawyer, too. I would have thought he was a teacher.

Hon. Mr. Elston: I was a teaching lawyer.

Mr. Cousens: He was a teaching lawyer. I know he is a good man; I like him as a person, which is also a problem, but I do not think he understands the damage he is going to do to the health field in Ontario with this legislation. Neither do I believe the people opposite in the government are aware of the damage they are going to do. This has to do with a genuine concern for the needs of the people of the province. It goes beyond talking about doctors; we are going to have legislation in this House for the foreseeable future as we start dealing with all the different ramifications of every bill.

Welcome to the chair, Mr. Chairman. You have had a very good person to take your place while you were away. He has done an excellent job, and I commend him for it. It is very difficult to sit in that chair and listen as carefully as he was. I respect that, having done that before. We commend you as well, Mr. Chairman, for your service to the House.

I wish the government would listen. When he was sitting in the chair, the member for Kitchener was not of the government. He was sitting there as an honourable member truly trying to do the right thing. He was an outstanding acting chairman, and if he could have the same kind of

impact of listening with the government, this kind of bill would go through.

All the people of Ontario want fairness for everybody. That is something one provides in the spirit in which this bill is brought forward.

Mr. Chairman: Remember, you are on section 3a, concerning negotiations, disputes and settlements.

Mr. Cousens: I knew I liked the member for Kitchener better.

I am talking particularly about clause 3a(b), which begins, "for the settlement of disputes relating to compensation through, at the option of the appropriate association referred to in clause (a), conciliation or binding arbitration."

I wish we did not have binding arbitration in there. There should be another method of resolving disputes, rather than binding arbitration. Every time we have compulsory binding arbitration as the end result, people automatically stop negotiating and hope for a good arbitrator. That is probably one of the major flaws in labour relations in Ontario right now. If we could get rid of compulsory binding arbitration and have good—

Mr. Breaugh: On a point of order, Mr. Chairman: The member has spoken for 20 minutes in favour of it; I take it we are about to have another 20 minutes opposed to it. Is that where he is at?

Mr. Chairman: That is not a point of order.

Mr. Breaugh: We are trying to find out which side of the fence he is sitting on.

Mr. Cousens: It has been difficult, and it is all the more difficult when we realize that in the negotiating process, one has to impose compulsory binding arbitration—

Mr. Breaugh: He is speaking against it.

Mr. Cousens: —but it is, unfortunately, necessary.

Mr. Breaugh: Now he is speaking in favour of it again.

Mr. Cousens: I am talking options. I wish we did not have to have it in here, but unfortunately we do. We have not yet found a good way to handle negotiations of any kind in this province.

Mr. Breaugh: Oh, philosophy.

Mr. Cousens: Philosophy undergirds all we are doing as politicians and as legislators. It affects everything we do in the Ministries of Labour, Education and Health. What we are failing to take into consideration, and what I am concerned with, is philosophy. We want to have

the spirit behind the negotiations that allows all parties to—

Mr. Breaguh: Oh, spirit.

Mr. Cousens: I do not mean the liquid spirit that the member for Oshawa (Mr. Breaguh) may know more about than I do.

Mr. Breaguh: I know more about most things than does the member for York Centre.

4:50 p.m.

Mr. Cousens: The member is challenging me that he knows more things about most things. If he is so learned, I would be honoured to hear him talk in an eloquent and intelligent way on compulsory binding arbitration as a solution. It is tragic that it becomes almost built in to legislation in every way. Compulsory binding arbitration was included by the third party as one of the amendments as a way of resolving disputes between the doctors and the government. Am I right or am I wrong? I know I am right.

Mr. McFadden: You are right.

Mr. Cousens: Yes sir.

Mr. Breaguh: You are wrong.

Mr. Cousens: The member's party was wrong to bring it in. If there is anything so inconsistent with the socialist philosophy, it is to have binding arbitration. It was in one of the amendments they were bringing to this House on Bill 94. It is inconsistent with everything Bob Rae has said in the past. None the less, who really cares what Bob Rae says anyway? We are interested to see the change.

Mr. Chairman: Please refer to all members by their seats.

Mr. Cousens: I would be glad to take any part of his anatomy, Mr. Chairman. I would be pleased to take his silk stockings. The member for York South (Mr. Rae) is the one to whom I was referring. Until now and until the annual meeting of the third party, he is its leader. At the end of that time, who knows? It could be the member for Oshawa, who has the capability of being the leader, according to one short sentence in the *Globe and Mail* last week.

We are dealing with the core of the issue. It has to do with philosophy. I thank the member for Oshawa for bringing that to my attention. I was going beyond the words to the very depths of what this whole bill and this amendment are all about. That is the philosophy of the relationship between the government and the delivery services—the doctors, dentists and optometrists—to see that those bodies, as they are represented to the government through their associations, have

a relationship that is handled with integrity and honour, that they know their relationship is going to be satisfactory and that there is a process they are going to follow. If that process is laid out and defined in legislation, there will not be the guesswork attached to it.

What we have now is a flawed bill. It is not complete or refined. It does not meet the needs of all those doctors, optometrists and dentists. We are anxious to see if we can do something about that through this amendment. There are other amendments we will have to bring to the House. All are part and parcel of what it is to be a responsible opposition.

The responsibility we have is based on a philosophy. It has to do with respect for those who are providing a service. I will give an example. The Toronto Transit Commission drivers and our teachers are both groups which have had legislation to force them back to work.

It is despicable when government has to do that. It shows a breakdown. It means our system is not working as it should. However, it means this Legislature is prepared to act in a responsible way. As a legislator, I want that right to intervene in those deliberations and discussions if and when it is necessary. In all that is before the House in this bill, there is nothing which will give us that right. We are asking for that right in this legislation. That is the problem with it. There has been no consideration of the rights of legislators in the ongoing service of these medical units, these doctors, dentists and optometrists. In the long term of our province, we will probably have to have amendments that add other professions within the health delivery field before too long.

I have a document here which goes into the Health Disciplines Act and the different colleges and how those who are providing these services to our province are increasingly concerned about what is happening to them. Within legislation by our government and under federal legislation as well, they have a degree of self-regulation established. That means they must provide certain rights to those they serve. The optometrists will have a body that is elected to serve their needs and through their representatives they will become the participants and the negotiators who will be working on behalf of their people. Are we saying they do not exist? We are by this legislation, without this amendment.

We are saying it does not matter that they are there. We are saying everything will go along just fine. I doubt that, not when we have begun a marriage and a relationship as we have through

Bill 94. It will take a long time to repair the relationship between the doctors, the dentists, the optometrists and this province. We will not see an easy process of sitting down around a table as friends and being able to work out an agreement unemotionally, in an honest, realistic way.

Let us at least recognize that and open it up so they have other options. Let us say that we as legislators are building that option for an extended discussion into this legislation, one that can take us to conciliation or binding arbitration, as the amendment suggests. I hope that means we stay on the conciliatory route and that we never have to get to binding arbitration. If we are able to have a mediator and allow this to take place through good dialogue and discussion, we know something can be positive and it can be worked out. At least they know it can be positive and it can be worked out.

If it all fails, our amendment includes a court of last resort, which is this House. Every one of us is unhappy when we as legislators must come into this building and end an impasse, as we did two years ago with the Toronto Transit Commission and as we will be prepared to do in the future if necessary. If the public is threatened by a certain lack of service and by what is going on, then we as responsible legislators must be prepared to do that.

The amendment allows that the decision of a panel referred to in clause (b) may not be altered except by an act of the Legislature. If we have to get back into it, if nothing is happening, we could then get into it. It is an open-ended invitation. The Legislature never takes its responsibility for granted, but before this legislation is finally introduced and passed, we are asking for that opportunity.

I appreciate the indulgence of this House and the fact that there is a possibility that the Minister of Health is very seriously considering the option we have just been discussing. I think he knows that now is the time to make the corrections that should be made to the legislation. It will be wrong for us to come back to this House again and again to refresh it, to change it, to adopt new amendments to it, to make it so that it solves all the problems. However, the minister is inviting this unless he considers it seriously. Our job now is to think in advance of those things happening and to try to come up with solutions before they happen. Let us consider those options.

I am very pleased, indeed proud of the fact, that the member for Lincoln has considered this and has brought it to this House. He is saying

something that all of us should think of more seriously. We can do it right if we start right now.

I look forward to hearing what the Minister of Health has to say on some of these comments. There are others on which I do not want to hear what he has to say because I do not think he can fully understand the philosophy behind the Progressive Conservative Party. He is a Liberal and he is promoted by the New Democratic Party in what he is trying to do. He does not understand the good faith that can exist in relationships and negotiations. Also, he has to understand the breakdowns that can take place. There are the positives and the negatives. Our amendment today does give cognizance to the sad possibility of breakdowns. It also includes a process by which the negotiations can continue and be proceeded with.

5 p.m.

Mr. Sterling: I was hoping the Minister of Health was going to be here to answer some questions. I thought he had actually indicated to the committee that he was going to respond to my colleague the member for York Centre. I was interested in hearing what he had to say about his particular—

Mr. D. R. Cooke: Why does the member not write him a letter?

Mr. Sterling: I had some specific questions I wanted to direct to him in order to—

Mr. Barlow: The parliamentary assistant is not here either.

Mr. Sterling: There are only four Liberals here.

Mr. Cousens: The Liberals have only four members in the House.

Mr. Sterling: If it was not for the many Conservatives here, we would not have a quorum.

Mr. Ashe: It is up to the government to maintain a quorum.

Mr. Cousens: Some of them are only half here anyway.

Mr. Chairman: Order. I might remind the member for Kitchener that he is not in his seat. Will the member for York Centre please let the member for Carleton-Grenville carry on with his remarks?

Mr. Sterling: Since the Canada Health Act does not direct itself to optometrists, why does the Minister of Health feel it necessary to include optometrists in Bill 94? I am very sorry the minister is not here because it makes some difference to my remarks. If there is no

requirement under the Canada Health Act to have the optometrists in Bill 94, why are they included while other health care professionals are excluded? It does not seem to make much sense to include some groups or to be selective about the groups put in.

Some time ago in this debate, about an hour ago, I asked some questions about the meaning of paragraph 12(2)(b) of the Canada Health Act. I was quite amazed at the response from the Minister of Health, who I know is a solicitor and I presume can read the law. I wanted to argue with him or to put forward the point that the amendment put forward by the member for Lincoln assists in crossing the t's and dotting the i's within this legislation.

It is important to point out that part of the reason the Liberal Party put forward for bringing forward the ban on extra billing, as it has said, was the great \$50 million it was going to get from our federal government. They will get that \$50 million only if they meet certain criteria. As the member for Lincoln has pointed out, section 12 of the Canada Health Act puts forward those criteria.

I will shorten it, but the section says one cannot extra bill. Paragraph 12(1)(b) says a provincial health plan "must provide for payment for insured health services in accordance with a tariff or system of payment authorized by the law of the province." That is what Bill 94 does. Paragraph (d) says the plan "must provide for the payment of amounts to hospitals, including hospitals owned or operated by Canada, in respect of the cost of insured health services."

The most important criterion this amendment deals with is paragraph 12(1)(c), which says one gets the \$50 million, but the plan "must provide for reasonable compensation for all insured health services rendered by"—and it singles out two of the health professions—"medical practitioners and dentists." It must provide for reasonable compensation.

Subsection 12(2) deals with how to provide that reasonable compensation. It says the government must enter into an agreement with the medical practitioners and dentists of the province. That is what subsection 3(1) of Bill 94 attempts to do. It says, "The Minister of Health may enter into agreements with the associations mentioned in subsection 2." It includes not only the dentists and medical practitioners but also optometrists.

First, I hold that it was not necessary to include the optometrists in Bill 94. The bill could have dealt with only the dentists and the physicians. I

wanted to ask the Minister of Health about this, and I wish he had paid me the courtesy of being here to answer the question before I launched into these remarks so I would have had it clear.

The act is very clear on what it says must be included in the agreement between the province and the dentists or the Ontario Medical Association. In clear language, the Canada Health Act says that, to get the \$50 million, there has to be an agreement that provides: "(a) for negotiations relating to compensation for insured health services between the province and provincial organizations that represent practising medical practitioners or dentists in the province."

Therefore, in the agreement, there has to be a provision, first, for negotiations, and "(b) for the settlement of disputes relating to compensation through, at the option of the appropriate provincial organizations referred to in paragraph (a)"—that is, the dentists and the physicians—"conciliation or binding arbitration by a panel that is equally representative," etc., and "(c) that a decision of a panel referred to in paragraph (b) may not be altered except by an act of the legislature of the province."

It is all very nice for the Minister of Health to say to me that Monique Bégin said all they were concerned about was that there be some method of negotiation for compensation to the physicians or dentists. However, Monique Bégin, our Minister of Health or Jake Epp, the present Minister of National Health and Welfare, are not above the law or the Canada Health Act.

If this legislation goes through and this Minister of Health, as he has indicated to us today, enters into an agreement with the physicians which does not provide them with the option of arbitration, he leaves himself open to litigation. A citizen, probably not of this province but of another part of Canada, might say: "Why should we give \$50 million to Ontario? Ontario entered into an agreement with the physicians which says they do not have an option to go to binding arbitration."

That is what the Canada Health Act says. It is right there in paragraph 12(2)(b). It is an option.

An hon. member: Why would the member not vote for our amendment last week? That is what the amendment said.

Mr. Sterling: No, the New Democratic Party amendment said—

An hon. member: You are wrong; read it.

An hon. member: Is the member for Windsor-Riverside in his seat, Mr. Chairman?

Mr. Chairman: Order. Carry on, the member for Carleton-Grenville.

5:10 p.m.

Mr. Sterling: That is what this says. It is right here. Paragraph 12(2)(b) says there has to be the option in the agreement. What we are putting forward is trying to perfect the legislation.

Hon. Mr. Elston: Is the member supporting the legislation now?

Mr. Chairman: Order. The member for Carleton-Grenville is being interrupted. Please do not do so. Carry on.

Mr. Sterling: The Minister of Health asks if I am supporting the bill. I am not supporting this legislation. I do not mind admitting it. The biggest lie the government ever perpetrated on the Ontario public was that there was a problem to begin with.

Mr. Chairman: Order. Please retract that word. It is not appropriate for the chamber.

Mr. Sterling: Would "misrepresentation" be appropriate?

Mr. Chairman: No, retract the word "lie."

Mr. Sterling: I retract the word "lie."

In meeting the demands of section 12 in order for this province to gain the \$50 million the minister has talked about so often, would it not make more sense to include in this legislation the amendment dealing with the option put forward by the member for Lincoln? If he does not put that forward, what is to prevent a member of the public from coming out and saying, "You have not put in the agreement with the doctors"—or with the dentists, if the minister enters into an agreement with them—"that they have the option to move to arbitration."

That does not fit in with the letter of the law as contained in paragraph 12(2)(b). I want to perfect it. We are going through all this hassle and tremendous upheaval in our health care system because of this phoney issue which has been raised of there being a great problem out there with extra billing. I have been a member of this Legislature for nine years and I have not had more than two calls about extra billing in all that time. I listen to my people when I go back to my riding, and I do listen to them. I do not listen to a bunch of malarkey that people put forward as a phoney issue to try to gain political points.

Hon. Mr. Elston: That is not a phoney issue. The Parliament of Canada wanted to take action on this. Does the member think they are phoney as well? Tell Jake Epp he was phoney.

Mr. Chairman: Order. The minister will have lots of opportunity to present his position.

Mr. Sterling: I do not care what the Parliament of Canada does. I care what the assembly of Ontario does. That is what I am elected to; I am not elected to the Parliament of Canada. If the minister wants to run for the Parliament of Canada, he should go run for it. The minister is here, and so am I. We are dealing with Bill 94 and a phoney issue that the Liberals dreamed up during an election campaign.

Hon. Mr. Elston: Brian Mulroney does not think this is a phoney issue. He voted for the Canada Health Act.

Mr. Sterling: I voted for the Canada Health Act?

Hon. Mr. Elston: No, the member's friend Brian Mulroney.

Mr. Sterling: I do not care what Brian Mulroney did.

Hon. Mr. Elston: The member supported him in September 1984. Does he not like him any more?

Mr. Chairman: Order.

Mr. Sterling: I campaigned for Dr. Bill Tupper, the member in my riding, and Jennifer Cossitt. They are tremendous people. I do not make my decision at the ballot box on only one issue. There are lots of issues that are much more important than this phoney issue.

Interjections.

Mr. Chairman: Order. There are too many interjections. Will you carry on?

Mr. Sterling: Perhaps the member for Oshawa would like to sit down and compare election results some time.

If this legislation goes through the way it is, if the minister does follow that way, I would appreciate hearing his comments. I respect him as a politician and I respect him as a lawyer. I do not know whether the advice he is getting is all that great but I think, to protect the people of Ontario, he would want to put in the legislation that an option for arbitration should be included in those agreements, because when one gets into negotiations with the Ontario Medical Association it may not want it. It may not want that option. If it does not want it, for the government to sign a paper it may succumb to its wants in this matter and, therefore, the government will not have the option. I do not think the law could be any more clear. This is black and white under paragraph 12(2)(b) of the act.

When the minister was out I did ask why the optometrists were included—

Hon. Mr. Elston: I know. I have that all noted down here. I will answer as soon as you finish.

Mr. Sterling: —and why other health care professions were not included in this piece of legislation. I will reserve my further comments until I receive the answer to those remarks.

Hon. Mr. Elston: I was wondering if the member had his half hour in yet. It seems pretty clear. Is he sitting down so he can take a breath of fresh air to get his sails filled again? I would hate to see a guy run out of wind when he has himself programmed for half an hour. The members are doing this tag team thing.

Mr. Chairman, I know you will be interested in the word "filibuster" because the members on the opposite side would not really want to do that, but it seems they are extending, at least, this sort of discussion.

Mr. Sterling: On a point of order, Mr. Chairman: Why does the minister not answer some of the questions? Who is filibustering here? Is it the Conservatives or is it the minister?

Mr. Chairman: That is not a point of order.

Hon. Mr. Elston: I am happy to see the member recovers quickly. He got his wind back just in time to raise a point of order. I can say to the member that with respect to physicians and dentists they are included under the Canada Health Act. The optometrists are not, as the member knows.

He will also be interested to know that insured services provided by optometrists are fully insured in the province. From that standpoint, that makes them different from groups such as chiropractors. That is why they are included in this legislation and people such as chiropractors are not.

The member will know there is a limit to the insured service level which the province pays to chiropractors. It is somewhere around \$200, in round figures. That makes a difference between the chiropractors and the other three groups I mentioned.

Mr. Sterling: What about the physiotherapists? Are their services not fully insured?

Hon. Mr. Elston: It has nothing to do with the amendment.

Mr. Chairman: That is a fair comment. That is not in the amendment of the member for Lincoln.

Mr. Sterling: Do these three groups, the optometrists—

Hon. Mr. Elston: Search for another question.

Mr. Chairman: Order. Carry on, member.

Mr. Sterling: Are these the only three groups with fully insured services?

Hon. Mr. Elston: Is the member finished? Does he want me to answer his question? The honourable gentleman is talking about groups of people he may want to add, by way of amendment I presume, to that of the member for Lincoln. What he should have done was talked about this last Tuesday in caucus when they went over these amendments. At least that is what I understand happened. If the honourable gentleman wishes to get some detailed explanation as to why that amendment is in the form that it is, he should talk to his Health critic. He should have examined the Health critic during his presentation in caucus last week to get an understanding of why the amendment goes as far as it does or does not go far enough, in his opinion.

If it does not go far enough in the member's opinion, he should be chastising the member for Lincoln, not me. He should go after him. I think he would have done well if he had brought this to his attention before he brought it in here.

Mr. Sterling: The Minister of Health is awfully touchy today. How many assistants does the minister have?

Mr. Chairman: Please speak to the amendment.

5:20 p.m.

Mr. Sterling: I asked a question. The three groups the minister is dealing with in Bill 94 are the three groups the member for Lincoln is dealing with. I am asking the minister a question. Are there other groups that are fully insured in Ontario? Can he answer that for me?

Hon. Mr. Elston: Mr. Chairman, I do not think it would be of benefit to the discussion of the amendment.

Mr. Chairman: That is not appropriate to the amendment in front of us.

Mr. Sterling: It is obvious the minister has been very selective in singling out the optometrists. They are not in the Canada Health Act, but they are in Bill 94, and the minister is now avoiding answering me. He is a minister of this open government. I am asking him a simple question across the House and he refuses to answer and tell me whether there are other groups that are fully insured. What more easy question could he answer?

Mr. McClellan: Why do you not put it in the Orders and Notices?

Mr. Sterling: I want to know the answer now because it is relevant to the debate. The debate has to do with how the minister is dealing with one group. He singled out the optometrists to put them in Bill 94, but they do not have the same protections under the Canada Health Act as the dentists and the physicians. That is patently unfair.

As a person who is not familiar with all the ins and outs of the Canada Health Act because my area as critic has more to do with the justice area, I became more convinced as I read the legislation that the amendment of the member for Lincoln is reasonable. I do not see how it causes the government a problem in the long run. I do not understand why the government will not accede to accepting in good faith the amendment to Bill 94.

From the minister's reactions to my questions, I get the feeling this is more of a political matter. He does not want to give the Tories a win, no matter what happens. I had thought there was some degree of openness and understanding on the part of the new government. I thought it had learned. In all its remarks on just about every issue, we have heard so much about how it is open to suggestion. It wanted to have discussion in the Legislature and wanted to talk about reasonable ideas.

This is a reasonable idea. It goes beyond being reasonable. Down the road, it could keep the government out of some trouble. The answers the minister has given me are not satisfactory. I do not think they address the issue. Unfortunately, it is a legal issue. I am not arguing whether there should or should not be arbitration; I am looking to the formal requirements of the Canada Health Act. Whether at the federal level or at the provincial level, the minister should deal with the legal questions and cover his situation as well as he can.

If this province loses \$50 million because the minister does not want to accept the amendment of the member for Lincoln, I hope the government will get tagged with it. I am drawing this to the minister's attention so that we can tag him if that comes to pass. I hope the minister will see fit to accept the amendment of the member for Lincoln, because the member said he is quite willing to alter the wording as long as the thrust that he has put forward is carried to fruition.

Mr. Andrewes: I want to seek clarification from the minister on a couple of issues in response to the member for Carleton-Grenville. Basically, he asked about the intent of the

government of Canada under the Canada Health Act, that is the substance of all this debate.

Is Bill 94 to give effect to the Canada Health Act in Ontario? The minister is nodding his head. Does that mean no?

Hon. Mr. Elston: There is no point in replying, because these are the same questions we have been asked before and I imagine will continue to be asked. All the honourable gentleman is trying to do is fill time. That is all his colleagues are trying to do: waste the time of the House. They are trying to filibuster. That is what is happening.

Mr. Andrewes: With respect, I have attempted to keep my comments relevant and to the point of the amendments that have been presented. The minister can cast stones in other directions if he wishes, but I hope he will not cast them in my direction.

To be satisfied with the answers the minister has given to previous questions, I have to determine this. Let us say the Ontario Medical Association comes to the ministry, sits down at the table, as it is entitled to do under the Canada Health Act and Bill 94, and says: "This is the process by which we want to arrive at appropriate remuneration. We want to start by appointing a committee. The ministry will appoint its members to the committee. We will have a chairman, to whom we will both agree, and we will negotiate." That is the first phase. We can call that committee the Joint Committee on Physicians' Compensation if we want. We are entitled to do that. It seems Bill 94 and the Canada Health Act allows the government to do it, and it can be called the JCPC.

At some point, the government can provide for mediation, a fact-finder or other flexible forms of negotiation and consultation. I choose that word rather than calling it arbitration. It is some sort of consultation, mediation, or a fact-finder's report. However, let us say the OMA and the Ontario Dental Association say to the minister, "We have not been able to arrive at a satisfactory agreement, and we want what we are entitled to under the Canada Health Act: binding arbitration." Can the minister say no and still present the government of Canada with an agreement that says we have satisfied the requirement of the Canada Health Act?

Hon. Mr. Elston: I said before and I will say again that the route the people in Ottawa had in mind was not the mechanism by which one gets there, but establishing reasonable compensation. As long as reasonable compensation is established, it is my understanding that from their

point of view they do not care what mechanism is used to get there.

Mr. Andrewes: Let me be clear. If the mechanism is binding arbitration, they are happy.

Hon. Mr. Elston: And if it is not, they are happy.

Mr. Andrewes: That is fine. I understand that. One can stop anywhere along that process, as long as both sides are happy to stop there. If one side is not happy to stop until it gets to binding arbitration, there is no agreement.

Hon. Mr. Elston: There is a test for this, as I have said several times. I said it to the member's colleague who is now getting his breath back to start again some time. The real test is not the mechanism by which one gets to reasonable compensation. The test which is going to be used is reasonable compensation. That is the only test I am aware of upon which the federal government is going to pass judgement, not by where one was on any continuum or whatever, which is what the member is trying to establish. It is not that way. It is the result. It is the reasonable compensation.

Mr. Andrewes: I do not mean to be stubborn on this issue. I still do not understand.

Hon. Mr. Elston: The member does not want to.

5:30 p.m.

Mr. Andrewes: I do want to. The minister is saying the test will be whether there is reasonable compensation for the services rendered. That is the test, not the method by which one gets there. In order to get there, if one side insists on binding arbitration in order to get there—

Hon. Mr. Elston: It is a waste of time.

Mr. Andrewes: He keeps saying it is a waste of time but I do not understand his answer. I think it is very ambiguous and it is leaving us with the impression that the Canada Health Act which provides for binding arbitration will accept Bill 94 without the OMA or the ODA or the Ontario Association of Optometrists having the rights of binding arbitration. That is what he is telling me.

Mr. D. S. Cooke: Maybe I am right and maybe I am wrong. I think the member for Lincoln is on the wrong track in that if he reads subsection 3(1) of the act he will see that is the first step. Because they defeated our amendment last week, the first step is to sit down and negotiate a negotiating process. Once that negotiating process has been agreed to, that is how fair compensation is set under the bill. It may or may not provide for arbitration. It

depends on what is negotiated between the government and the association.

Mr. Andrewes: That is right, but they are not accorded the privilege of binding arbitration.

Mr. Chairman: Rather than trying to speak from their seats, the members should stand if they are speaking on the amendment. The member for Cambridge (Mr. Barlow) has indicated that he wishes to speak. Is the member through with the point that has been going back and forth recently? Thank you very much.

Mr. Barlow: I was trying to follow the dialogue on that point. I think I am beginning to understand it. I am not too sure.

Perhaps it will get further clarification before too long so we can get on with this important piece of legislation I have been following this afternoon, as I have followed the total bill ever since we have been debating it in the House. Giving this amendment careful thought, and I had an opportunity to discuss it with the member for Lincoln, I certainly feel I want to support this as part of this bill if the bill is going to go through. I still have strong hopes, but probably false hopes that there will be some waking up on behalf of both the government and the third party to realize that this is not the way to access the health of this province and to assist the providers of health and the residents of the province by bringing this bill in.

Mr. Breaugh: That is unfortunate. We are talking about an amendment.

Mr. Barlow: No, I am getting back to the amendment.

Mr. Breaugh: Which amendment is it?

Mr. Barlow: I totally agree with the amendment the member for Lincoln put forward as it relates to the optometrists of the province.

Mr. Breaugh: Are you for it or against it?

Mr. Barlow: That is what I say. I have been giving it very careful consideration. I have decided that I am going to support the amendment. I have a copy of the amendment. I have been questioned on this, Mr. Chairman. The amendment says: "Mr. Andrewes moves that section 3 of the bill be amended by adding the following." It is to give proper dialogue to the optometrists so they will agree with the Canada Health Act.

Mr. Breaugh: I misunderstood then. I thought it was binding arbitration.

Mr. Barlow: I am sure the member has been listening to the same arguments as I have, those that have been put forward by several members

who have spoken on it. There are a few things that concern me on the amendment and that is why I was very interested in listening to the dialogue that flowed back and forth between the minister and the member for Lincoln. I feel now I am beginning to understand it. Perhaps in the wrapup, unless the minister has completed his wrapup, we can get a final determination of how this will relate to the Canada Health Act. This is the concern we have had in this party and why the amendment was brought forward in the first place.

I am prepared to support the amendment to add section 3a, but I still cannot support the bill when it finally comes forward. That is the main concern we in this party and the people in my riding have. All the people who have written to me have indicated their opposition to this bill. If it is going to go through, many of the amendments that are put forward must be incorporated in it to make the best of a bad bill.

6:23 p.m.

The committee divided on Mr. Andrewes's motion to add section 3a to the bill, which was negated on the following vote:

Ayes 27; nays 60.

Mr. Chairman: Hon. Mr. Elston moves that the bill be amended by adding thereto the following sections:

"3a(1) Where the minister is satisfied that a person has paid an unauthorized payment to a practitioner, the minister may direct the general manager to pay to the person the amount of the unauthorized payment.

"(2) Where a person has paid an unauthorized payment to a practitioner and the general manager has paid the person under subsection 1, the practitioner is indebted to the plan for an amount equal to the sum of the amount of the unauthorized payment and the administrative charge prescribed by the regulations.

"(3) The general manager may recover from a practitioner part or all of any money the practitioner owes the plan under subsection 2 by setoff against any money payable to the practitioner by the plan.

"(4) If the general manager recovers money from a practitioner under subsection 3, the general manager shall forthwith serve on the practitioner notice of the amount recovered, the account in respect of which it was recovered and the practitioner's right under section 3b to request a review of the issue of whether the

practitioner has received the unauthorized payment.

"(5) The notice under subsection 4 shall be served by registered mail addressed to the person to whom the notice is being given at the person's latest known address and the service shall be considered to have been made on the seventh day after the day of mailing unless the person to whom notice is given establishes that he or she, acting in good faith, did not receive the notice until a later date.

"3b(1) A practitioner is entitled to a review of the issue of whether the practitioner has received an unauthorized payment if within 15 days after receiving the notice under subsection 3a(4) the practitioner mails or delivers to the general manager written notice requesting a review.

"(2) The general manager, upon receiving a request for a review in accordance with subsection 1, shall refer the matter to the chairman of the board.

"(3) The chairman of the board may from time to time appoint a member of the board to conduct a review under this act.

"(4) A member of the board conducting a review shall inquire into whether the practitioner has received an unauthorized payment.

"(5) The general manager, the practitioner and the insured person have the right to make written representations to the member of the board conducting the review.

"(6) The member of the board conducting a review shall advise the general manager and the practitioner in writing as to whether, in the person's opinion, the practitioner has received an unauthorized payment and, if so, the amount of that payment.

"(7) If the member of the board conducting a review advises the general manager that the general manager recovered more from the practitioner than the sum of the unauthorized payment, if any, and the administrative charge, the general manager shall pay the practitioner,

"(a) if the member finds there was no unauthorized payment, the total amount recovered; or

"(b) if the member finds there was an unauthorized payment, the difference between the amount recovered and the amount that should have been recovered."

On motion by Hon. Mr. Elston, the committee of the whole House reported progress.

The House adjourned at 6:30 p.m.

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Tuesday, June 10, 1986

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Clerk of the House: R. G. Lewis, QC

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday, June 10, 1986

The House met at 2 p.m.

Prayers.

PREMATURE DISCLOSURE OF GOVERNMENT POLICY

Mr. Speaker: I would like to inform the members that last Thursday the member for Brantford (Mr. Gillies) rose on a question of privilege with respect to details of legislation being disclosed in the press before being disclosed to the House. The member also stated that an assistant to the Minister of the Environment (Mr. Bradley) and an assistant to the Minister of Housing (Mr. Curling) had violated their oaths of secrecy and had demonstrated contempt for the House by discussing with the press details of actual legislation and amendments before the House.

Standing order 18(b) states, "Whenever a matter of privilege arises, it shall be taken into consideration immediately." Once a claim of a breach of privilege has been made, the duty of the Speaker is to decide whether, on their face, the facts raised could reasonably be held to constitute a breach of privilege that would take precedence over the other business of the House. It is not the Speaker's duty to decide whether a breach of privilege has been committed. This is a question that can only be decided by the House.

It may be useful for me to review the nature of parliamentary privilege once again. Parliamentary privilege relates to the rights and immunities that belong to parliament, its members and others, which are essential for the operation of parliament. These rights and immunities allow the Legislature to meet and carry out its proper constitutional role, members to discharge their responsibilities to their constituents and others properly involved in the parliamentary process to carry out their duties and responsibilities without obstruction or fear of prosecution.

The principal privileges of the House and of its members include the right of free speech in parliament, immunity of members from arrest, detention or molestation for civil causes during defined periods, immunity of members from the obligation to serve on juries, the power to regulate its own proceedings by establishing its own rules or standing orders, the power to order

the attendance at the bar of the House of persons whose conduct has been brought before the House on a matter of privilege and the power to order the arrest and imprisonment of persons guilty of contempt or breach of privilege.

It is only in very rare circumstances that a legitimate matter of privilege can come before the House on the basis of the real, accepted and traditional definition of parliamentary privilege.

I understand the distinction the honourable member has attempted to draw between announcing outside the House policy statements on matters which are not before the House and statements with respect to specific amendments and legislation before the House. However, it is clear from the precedents in this House and in other jurisdictions that parliamentary privilege does not extend and never has extended to requiring policy statements or announcements to be made in the House, regardless of the importance of the subject.

Further, in examining the authorities, no case can be found which indicates it is a breach of privilege for representatives of the government to publicly announce its intentions with respect to amendments and legislation before the House. Indeed, this practice has been a common occurrence for many years. As my predecessors and I have stated, such statements made outside the House may constitute a legitimate grievance and certainly involve a question of courtesy to or respect for the House and its members. However, they do not constitute a question of privilege.

Whether or not assistants to the ministers of the Environment and Housing have violated their oaths of secrecy is a question of law and a question upon which the authorities indicate the Speaker shall not give a decision. Such a matter could, if justified, give rise to an action in the courts; however, it is not one with which the Speaker is able to deal.

In finding that no *prima facie* case of privilege exists, further consideration by the House is not prevented. The effect is to refuse precedence to this matter as a question of privilege, but it does not prevent the presentation of this matter in different circumstances, for example, by setting it down as a private member's notice of motion.

I hope many of the members will read this on a number of occasions as I have tried to spell out what parliamentary privilege is.

Mr. Gillies: On a point of order, Mr. Speaker—

Interjections.

Mr. Gillies: If we can determine what order is.

Mr. Speaker: On this point or another point?

Mr. Gillies: May I speak to this point?

Mr. Speaker: No.

2:07 p.m.

MEMBERS' STATEMENTS

INSURANCE AGENTS

Mr. Runciman: It has come to my attention that the Minister of Financial Institutions (Mr. Kwinter) plans to introduce a ban on part-time insurance agents very shortly. As I understand it, the point of the ban is to prevent the A. L. Williams company from operating in Ontario. One of the concerns is that part-time agents will not be trained properly. I think that is a valid point, but surely the minister could address that through strict testing requirements. That suggestion was made by the Canadian Life and Health Insurance Association, and I hope the minister will consider it.

There is increasing movement towards the use of part-time workers in a number of areas, especially in financial institutions. As I stated last week, many of these workers are women who may not be able to work full-time because of other commitments. The next time the minister goes to his bank or trust company, he should ask how many of the staff are part-time workers. He will be amazed. It is the way of the future. That is why members of this party consider his proposal to be a step in the wrong direction. If the minister has problems with A. L. Williams, he should deal with that company directly. I urge him to withdraw his proposal and find a cure that fits the ailment.

ENVIRONMENTAL PROTECTION

Ms. Gigantes: On June 2, I asked the Minister of the Environment (Mr. Bradley) why his ministry had not taken action to ensure that the Lees Avenue site of the old Ottawa Gas Co. was not turned into a construction site without prior and adequate cleanup control. That site has been one of many sitting on the ministry's list of hazardous sites since 1980.

He said the regional municipality of Ottawa-Carleton could have looked into the history of the

site, but did not, which we knew. He said the region decided to use it for a transitway station, which we knew. He said it was an industrial site and not a waste site, which is a great help. He said the site was not without problems, which has to qualify as one of the euphemisms of the year. We did and do have a problem which his ministry did nothing to prevent on the Lees Avenue site.

On June 3, my colleague the member for Etobicoke (Mr. Philip) asked the minister about provincial support for 15 municipal waste incinerators in the face of documentation that municipal incinerators are the major contributors to furan and dioxin fallout. He said some of the 15 proposed incinerators were going virtually nowhere. Apparently one in St. Catharines is going virtually nowhere, but in Ottawa-Carleton it is going full steam ahead.

On June 6, CBO Morning revealed that raw sewage is being pumped by the hundreds of thousands of gallons into the Ottawa River by the city of Ottawa. This ministry has set up a situation where Ottawa-Carleton is reaping the result of provincial neglect in the environment.

MEMBERS' ANNIVERSARIES

Mr. Epp: All members will be interested in knowing that nine years ago yesterday, on June 9, 1977, 13 members were elected to this Legislature. Those members were subsequently re-elected in March 1981 and again on May 1, 1985. Although many more members were elected at that time, 13 are still serving.

Those members are the member for Durham West (Mr. Ashe), the member for Ottawa West (Mr. Baetz), the member for St. Catharines (Mr. Bradley), the member for Hamilton Mountain (Mr. Charlton), the member for Windsor-Riverside (Mr. D. S. Cooke), the member for Durham East (Mr. Cureatz), myself, the member for Fort William (Mr. Hennessy), the member for Armourdale (Mr. McCaffrey), the member for Kent-Elgin (Mr. McGuigan), the member for Cochrane South (Mr. Pope), the member for Carleton-Grenville (Mr. Sterling) and the member for London North (Mr. Van Horne).

For those members who keep box scores, there were seven Progressive Conservatives, four Liberals and two New Democratic Party members.

ROMAN CATHOLIC SECONDARY SCHOOLS

Mr. J. M. Johnson: My riding of Wellington-Dufferin-Peel contains several one-school communities. These communities are deeply con-

cerned that some of their high schools may close as a result of the extension of full funding to the separate school system. I have received calls from many residents of the Mount Forest and Arthur areas; people such as Mayor Alec Watson, councillor Ralph Martin, school trustee Bob Hill, Ethel McEwen and Jean Curtis have all expressed fears over the possible closing of their schools.

The people in these communities want to be reassured that schools will not be closed because of any shift in enrolment to the separate school system, that their high school will not be transferred to the separate school system, forcing students to leave their community to attend a public high school. As Bill 30 is now written, it does not contain any assurances for these people. The legislation does not offer any protection for single-school communities.

Although the Minister of Education (Mr. Conway) has said on many occasions that no single-school community will lose its school as a result of the extension of full funding to the Roman Catholic separate school system, he has put nothing in the bill to give these communities any such guarantee. I ask the Minister of Education to reconsider his position and to provide these communities with statutory protection for the public high schools. Only a guarantee in legislation that no community with a single public high school will lose that school will finally put the fears of the residents of these communities to rest.

HEALTH SERVICES

Mr. Swart: I want to take this opportunity to bring to the attention of this House, and particularly the ministers concerned, the shortage of chronic care nursing home beds in the Welland area.

On any day, an average of 37 chronic care or nursing home patients are backed up into the hospital's 243 active treatment beds. From Monday to Thursday, up to 15 admissions daily are being held in the emergency area for hours, sometimes for days, before they can get regular hospital beds. The Niagara Regional Health Unit recognizes the need for more chronic care and nursing home beds in the Niagara region, and it is time the government acted on its recommendation.

The situation is aggravated by the delay in proceeding with the 30 extended care beds for the francophone Richelieu Residence. The Minister of Health (Mr. Elston) and the Minister of Community and Social Services (Mr. Sweeney)

will recall they gave approval for that project eight months ago. I know progress has been complicated by Canada Mortgage and Housing Corp. changing its policy so that funding for the nonprofit sector involving another 30 residential beds at the Richelieu Residence now goes to Ontario Housing rather than directly to nonprofit groups. However, that is not sufficient reason for the delay after the commitments that had been made by this government.

Money should be provided immediately by the Ontario Housing Corp. I urge the ministers to get on promptly with the Richelieu Residence project so the francophone community will get the service it deserves and so relief can be provided.

WORLD CUP SOCCER

Mr. Rowe: I rise today to give special recognition for our Canadian national soccer team competing in Mexico at the World Cup. This young team went three games and held three of the greatest soccer nations in the world to five goals. They accomplished truly an amazing feat.

We as Canadians found we can compete with the world's best and we know we have the stuff that will allow us future wins. As today's Toronto Sun sports columnist Terry Jones stated, "We came, we saw and we did not get humiliated." With any breaks at all, I am sure the team will go on to compete in the World Cup in Italy in 1990.

We on this side of the House congratulate Tony Waiters and his entire team and say, "Well done, Canada."

GREAT LAKES WATER QUALITY

Mr. Allen: We in this party have been raising questions about the ongoing problem of the pollution of beaches around the Great Lakes system. I call to the attention of this Legislature that at the McMaster University faculty of engineering, a professor by the name of Dr. William James has developed a very impressive high-technology system for monitoring and controlling the runoff in the storm sewer and sanitary sewer systems. It is a non-capital-intensive, low-cost system which makes it possible for present installations to be developed with minimum modification to handle a very serious problem.

Dr. James has found virtually no support and very little interest from the Minister of the Environment (Mr. Bradley) or the Minister of Industry, Trade and Technology (Mr. O'Neil) as far as this project is concerned. He has found

more interest in the United States and in Europe in its applications. Norway has a complete system in one of its cities based on his design.

Why is it that our ministries in Ontario appear to be so little interested in solving a major environmental problem and using it as a means of developing a local industry in Hamilton which would become the focus of an industry that is concerned with environmental repair and pollution control which is growing in the US?

2:17 p.m.

STATEMENT BY THE MINISTRY AND RESPONSES

PORTUGAL NATIONAL DAY

Hon. Mr. Ruprecht: It gives me great pleasure to introduce leaders of the Portuguese Canadian community and distinguished representatives of the government of Portugal: Consul General Tanger Correa and members of his diplomatic corps.

[Remarks in Portuguese]

On behalf of the Premier (Mr. Peterson) and the government of Ontario, I rise for the purpose of recognizing an important event that dates back 406 years and has been celebrated as Portugal National Day since 1880.

The celebration of the national day of Portugal is special and unique in the pages of history. Unlike some dates that commemorate an important political event, such as a declaration of independence, on this historic occasion we ask the people of Ontario to join our Canadians of Portuguese heritage in the remembrance of a great, world-renowned poet and writer, Luis de Camoes. Although he passed away more than 400 years ago, Camoes left a living legacy of meaningful poetry of immortal beauty that has not withered with age.

We are all cognizant and appreciative of the tremendous contribution that our Portuguese friends have made to the development and growth of our province and country both in economic and cultural fields. Yet, as important as the economic contributions are, the attention of Canadian Portuguese children today is focused not on the prosperity and wealth that opportunities in Canada create but on our democratic system of government, which allows the people in our multicultural society of Ontario to celebrate a national literary hero of their forefathers' original homeland as a right.

Indeed, Luis de Camoes is an intellectual giant whose footsteps have crossed centuries of time and the Atlantic Ocean, to implant into Canada a

great heritage of love for literature, poetry and education.

May this Portugal National Day inspire us to pause more often to study and admire our writers and poets. Perhaps we might recognize that a new Luis de Camoes could be inspired as a result of paying tribute to the eternal de Camoes whose remembrance we are honouring today. Therefore, in recognition of this special day, the Ontario government proclaims June 10 as Portugal National Day.

Mr. Grossman: On behalf of the Progressive Conservative Party, I should like to join in recognizing the national day of the Portuguese. For us on this side it is a special occasion, as are all these types of days. It is largely due to the efforts of the member for High Park-Swansea (Mr. Shymko) that we have these opportunities in the assembly, and today is a specially important one for us.

Those members who have served so well in the community for so long will know of the special opportunity, and I have considered it a special opportunity to have been able to represent large numbers of members of the Portuguese community since they came to Ontario and located in the great riding of St. Andrew-St. Patrick.

Having worked with them, practised law in the midst of the Portuguese community and having had the opportunity over 11 years to represent them in this assembly in large part, together with my colleague the member for Bellwoods (Mr. McClellan) and others, I can report first hand their enormous contribution in bringing their tremendous heritage and their linguistic and other traditions and customs from Portugal to Canada, Ontario and Toronto.

It has been extremely important. Lest we believe on days such as this that this is all focused in Toronto, we should remember that the Portuguese have made a tremendous contribution in many other ridings and in many other cities such as Oakville, Hamilton, Burlington, Mississauga, Cambridge, London, Thunder Bay, Ottawa, Kingston and Oshawa, to name just some of the communities in which we have had a tremendous presence by the Portuguese community.

They have established their own recreation clubs, credit union, social service council, cultural associations, their own services to newcomers, the Terra Nova home care for seniors, as well as CPRC-FM, Ontario's and Canada's first Portuguese-language radio station.

I say to our friends in the gallery that my party is proud to join in recognizing their tremendous contributions to date. We join them in celebrating this very important day. I urge all of us to continue to recognize the enormous efforts that the Portuguese community has made here in Ontario as we, as legislators, jointly applaud and congratulate the community on this tremendous day.

Mr. Shymko: I join the member for Parkdale (Mr. Ruprecht) and the leader of Her Majesty's opposition (Mr. Grossman) in their comments in looking at the very important moments of such occasions where, in a very nonpartisan fashion, we recognize the contributions that Canadians of Portuguese descent have made, not only to this province but also to our nation. In these moments, we must realize some of the difficulties the ethnocultural communities and newcomers to our province have in the area of labour, employment and the ghettoization sometimes of women of immigrant background, and we must address them as well.

These are moments of reflection that all of us, both on the government side and on the side of the opposition, must realize. In looking at the sacredness of these occasions, we must remind ourselves of the problems of some of these ethnocultural communities. The precedent that has been set by the former Premiers, Mr. Davis and the member for Muskoka (Mr. F. S. Miller), is being followed by the present Premier (Mr. Peterson) in officially proclaiming these national days.

I quote the member for Parkdale who, during the debate when I was privileged to introduce a motion, said, "What I would like to see is that these anniversary celebrations, as they are exercised, are independent, nonpartisan and nonpolitical." I complimented him on those remarks then, and we should be reminded of that today.

We welcome these delegations. May they be blessed with continued endeavours and success as they share with us the challenges of our society and as they share with us the success they have achieved as a model example in many respects to other communities in this province.

Mr. McClellan: On behalf of the New Democratic Party, I welcome Dr. Tanger Correa and the other distinguished guests to the Legislature today and offer our own congratulations on the occasion of Portugal National Day.

The Portuguese community has been associated with Canada for as long as this anniversary, for more than 400 years. In the past 25 years in

particular, Ontario and Toronto have been privileged to become the home to a large and vibrant Portuguese community which has made a tremendous contribution to the physical redevelopment of our capital city and, more important, to a redefinition of our own society towards that of a vibrant and pluralistic multicultural society. The Portuguese community has made an extraordinary contribution to that process of redefinition.

We should reflect on an extraordinary fact that I do not think is common to very many countries. Portugal celebrates its national day, not in the memory of a battle, a war or some imperial conquest, nor in honour of some ferocious monarch or potentate. Portugal celebrates its national day in memory of its national poet. That is consistent with the traditions of a country, the symbol of whose revolution is a red carnation. We welcome the delegation that is here today in the spirit of this cultural tradition and offer our best wishes again to all Portuguese Canadians on the occasion of Portugal National Day.

2:28 p.m.

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: My question is to the Premier. We are two days away from an indefinite withdrawal of services by the doctors of this province. Will the Premier consider simply picking up the phone and calling the Ontario Medical Association to see if there is any possibility that this strike action can be averted?

Hon. Mr. Peterson: The honourable member may have some information that I am not aware of, that there are things we could do to prevent the strike from coming about. If there were, short of withdrawing the bill, which I guess the member would like to see us do, I would be happy to chat with the OMA. As the member knows, the OMA has my private numbers. They are quite well aware of the fact that any time they want to chat with me, I am open and accessible.

Mr. Grossman: I remind the Premier that just a few days ago he was quoted in the papers with regard to who is going to call whom first. He said something like: "What is this? A children's game to see who is willing to pick up the phone first?" Does he not agree it is his responsibility to do everything possible to avoid the cancellation of elective surgery, to avoid all sorts of inconvenience and maybe some of the problems he himself referred to in the newspapers this morning? Does he not think, as Premier, he

should not simply say, "You can call me"? Does he not think it is his responsibility to pick up the telephone and see if he can avert a strike of the doctors?

Hon. Mr. Peterson: I did not say it was a children's game. I said it was like a dance in grade 8. My honourable friend would have experience with those. It is where one group stands on the one side and says, "Are you going to ask her to dance first or is she going to ask you to dance first?" That was the analogy. I am sure the member would agree with me in that regard.

A number of people feel they have solutions to the problem, dramatically oversimplified in a number of quarters, but we stand open and ready to chat with the Ontario Medical Association on any subject. The member knows where this government stands on the question. We have said we want to come to a situation where no patient pays extra. If the OMA is prepared to discuss ways to implement that, then we will be very happy to do that. Extensive meetings have gone on over the past many months. The minister has discussed all the areas of possible agreement, but if those arise in the future, we shall be very happy to pursue them.

Mr. Grossman: Would the Premier not agree that some people in this province are going to face potential health risks as a result of what is going to happen? He must, having read his comments in the morning paper. To use his own analogy, would he not agree that the Premier of the province ought to be willing to be the person to cross that dance floor to break the standoff, to see if there is any point in having further discussions or a mediator? Why would he not simply be the first one to move and rise above this dispute?

Hon. Mr. Peterson: If it were that simple, it would have been done a long time ago. I understand the honourable member's wanting to be constructive in this situation, but if he examines his own idea, I am sure he will see how frightfully simplistic it is in the situation. He went through extensive negotiations with the OMA some years ago. He will recall them, because I recall those days in the House very well. I need not remind him of the discussions he conducted with them at the time. If solving the problem were as simple as a telephone call, it would have been solved a long time ago.

I stand ready, willing and able to chat with the OMA at any time we can make progress, but if the member is asking me to hold up or withdraw the bill, the answer is that in life sometimes one has to face problems and sometimes one cannot

defer them for ever. The previous government had experience with those situations. We are trying to face them in as sensitive and humane a way as we possibly can, and I think we are doing so.

Mr. Grossman: I want to emphasize to the Premier that my question today had nothing whatever to do with withdrawing the bill, which we think would be appropriate, and nothing whatever to do with what he just answered. Today it is a simple question related to why in the circumstances the Premier would not simply pick up the telephone and ask the OMA if there is any point in having further mediation or meetings? Can the Premier inform the House what he has to lose by picking up the telephone and asking the OMA a few questions with regard to mediation or further meetings?

Hon. Mr. Peterson: I would never want to accuse my honourable friend of being naïve because he is not naïve. If he examined his suggestion today in detail, he would know that is not going to bring a resolution of the problem. We believe we have exhausted every reasonable avenue and we are getting a great deal of pressure from some of our friends in this House to move ahead immediately. Other advice was to do nothing. The government chose a course of action we believe was fair-minded and conciliatory and we genuinely were searching for a negotiated settlement to this situation.

I remind my friend the member for York Mills (Miss Stephenson), who is glaring at me over the top of her—

Hon. Mr. Nixon: Like Vesuvius.

Hon. Mr. Peterson: Like Vesuvius, just about to erupt. Here goes.

Interjections.

Mr. Speaker: Order. Please disregard the interjections. They are out of order.

Hon. Mr. Peterson: It is completely predictable, is it not, Mr. Speaker?

We are searching for a solution. We have not been able to find one, unfortunately. The member will be aware there were points in the discussion where we felt, and I think others from the OMA felt, that we were close to a negotiated settlement. They brought in an adviser from the west, Mr. Trevino. I gather the member went to the mat with Mr. Trevino some years ago. I guess they assumed on the basis of those discussions that the same result would follow this time with this government. Unfortunately, we were not able to work it out.

Mr. Grossman: The Premier absolutely refuses to answer the question as to what he has to lose by picking up the phone and calling the OMA to ask some simple questions about mediation.

If he will not answer that question, I will ask him this one. Given the fact that last year the Ministry of Labour's conciliation and mediation service resolved 2,413 disputes or almost 90 per cent of all the disputes involved—

Interjections.

Mr. Grossman: I am sorry; those were 1984 figures.

Mr. Speaker: Question?

Mr. Grossman: Given that in many of those circumstances, not involving services as important as essential services such as doctors supply, the standoff seemed at least as serious as this one, does the Premier not consider it appropriate to call up the OMA today and say, "Let us see if we can get one of the mediators we have used previously to take a few weeks or months to talk about it"?

Mr. Breaugh: Peter Puck. Get Pocklington.

Mr. Grossman: Yes, they are the Peter Pockingtons in this matter.

Hon. Mr. Peterson: I think I answered the question the first time. I do not think there is anything to lose, but there is nothing to gain. It will not solve the situation. That is where we are. If he believes it will solve the problem, let me tell my friend he is being horribly naïve in these circumstances. This has been going on for almost a year. If he thinks a simple phone call will solve the situation at the moment with the help of conciliators, his conciliators or our conciliators, or his mediators or our mediators, I can tell my friend that in my opinion the world is not quite that simple.

If my friend opposite can control his left-winger from yapping so much and wants to listen to this, I can tell him this is a basic disagreement on principle; it is not a matter of a few details. Unfortunately, the majority will of this House is at odds with an important group. It is not one of those situations that can be solved by a phone call.

Mr. Grossman: If there is one death, heaven forbid, one major problem in the health care system on Thursday, Friday or Saturday, or Sunday or Monday of the coming week, the Premier will be responsible for the fact that he would not pick up the phone and call the OMA, which has indicated that if it receives a request from the Premier of this province to enter into a

mediating process with a mediator, it will seriously consider and likely accept that proposal. Therefore, if the Premier reads later this week of some untoward event, some tragedy occurring in the system, he will know a simple phone call from him to the OMA would have averted the strike totally.

Mr. Speaker: Was that your supplementary? Is the Premier aware?

Mr. Grossman: My final question is this.

Mr. Speaker: Briefly.

2:40 p.m.

Mr. Grossman: In view of all that, the Premier said on May 28 with regard to the appointment of a negotiator, "The onus is on him," meaning the Leader of the Opposition, "to prove it would be helpful in some way or other." Is that still his position?

Hon. Mr. Peterson: The rhetoric in the member's question is irresponsible. I say to my honourable friend as kindly as I can that his attempt to be relevant in this discussion is about as helpful as his previous ideas of tipping doctors and a number of others.

I am surprised that suggestions as naïve as the ones he has come forward with would be put forward by a former Minister of Health in a situation where a strike was going on. I am surprised he would oversimplify this to the extent he has. I am sure that when he is in private conversations, he will realize that this is a different situation now to what it was then.

Mr. D. S. Cooke: I have a question for the Minister of Health. The minister has been saying up until now that the withdrawal of services by doctors is fine as long as emergency services are provided within this province. Does he consider a withdrawal of services that will result in the cancellation of cancer surgery, heart bypass surgery and other types of surgery that are considered to be elective to be acceptable under the health disciplines legislation in Ontario?

Hon. Mr. Elston: The role of delivery of health care services in this province has always been between the physician and his or her patient. The member knows, as I do, that one of the strongest arguing points on the part of the OMA executive is that government ought not to trespass into that area of discussion and delivery of service. We have not trespassed into that area. Discussions between a physician and his patient with respect to this surgery are the appropriate way to go.

I have been assured by physicians as I have talked to them around the province that they will not be abandoning their patients, that they will be

providing their services and will not compromise health care. From that standpoint, I have seen that physicians have undertaken to provide their patients with care and I am not moving into discussions about the delivery of service by physicians to their patients.

Mr. D. S. Cooke: The minister will understand that under the health disciplines legislation of this province the bottom line is that he as Minister of Health has the responsibility to guarantee that patients have access to and quality of care in our health care system. Does the minister not realize that this health disciplines legislation was designed to deal with individual instances where doctors broke the health disciplines legislation and that it never contemplated a strike by doctors across this province? What meetings has the minister arranged with the College of Physicians and Surgeons of Ontario to guarantee that the health care of the people of this province is protected?

Hon. Mr. Elston: I have not arranged a meeting, but I have been in close personal contact with the college. The member is rightly putting the case that the health disciplines legislation, as far as physicians are concerned, is governed by the College of Physicians and Surgeons of Ontario. It has provided me with undertakings that it will fulfil its mandate to ensure that the public interest is protected.

Mr. D. S. Cooke: Perhaps the minister can tell us how, as of Thursday of this week, the college of physicians and surgeons is going to survey Ontario properly to make sure the health care of the people of this province is guaranteed.

Hon. Mr. Elston: The college of physicians and surgeons develops its own networks for reviewing what is appropriate to its role. As the member knows, this body is at arm's length from the minister and the ministry. It carries out the mandate of protecting the public interest under that legislation separate and apart from me.

I know it did provide phone contact and lines for people to call in with respect to any concerns that were expressed by members of the public. A referral network has been set in place to deal with these concerns among the Ontario Hospital Association, my ministry and the college of physicians and surgeons. It has indicated it is prepared to carry out its role and to deal with the concerns that are expressed by the public.

BEACH POLLUTION

Mrs. Grier: I have a question for the Minister of the Environment. Yesterday the minister expressed the concern that had also been

expressed by all his predecessors about the closure of beaches on the Metropolitan Toronto waterfront. I am sure the minister is aware that during the past 20 years there has been considerable lakefilling, which has created embayments and prevented the dispersal of the outflows from the rivers and from the sewage treatment plants.

Only one of the 10 lakefilling projects in Metropolitan Toronto has been the subject of an environmental assessment. I ask the minister whether he supports and intends to continue the policy of the previous government that allowed exemptions from the Environmental Assessment Act for lakefilling.

Hon. Mr. Bradley: First, the member has identified what many people today see as one of the contributing factors to the pollution of beaches. I think it was felt at one time, for instance, that even some of the work that was undertaken that was remedial in nature even, and not simply landfilling, would have been detrimental rather than beneficial to what has happened.

Be that as it may, and the member wants to know about the environmental assessment, I am giving serious consideration now to changing that policy in order that we may have a better assessment of the impact of those landfill developments on the waterfront, particularly in the light of the fact that there is some increasing evidence, I believe, that they do contribute to pollution.

Mrs. Grier: Given what the minister has said, will he undertake to stop any further landfilling projects until he has completed a comprehensive study of the impact of lakefilling on water quality in the vicinity of Metropolitan Toronto?

Hon. Mr. Bradley: I would probably have to evaluate the stage at which each of these projects is at present. If the member is asking about new projects, obviously, in the light of the relatively recent evidence of the impact of the landfilling and even of other so-called remedial measures, it would be wise to do that before giving permission for any new ones. Some projects may be in various stages at present such that I could not give an undertaking to stop at this time, but the member's suggestion about new landfill projects is a very good one.

Mrs. Grier: If the concern the minister has expressed today is a real one—and I have no reason to believe it is not—I regret we have not seen some initiatives from him to monitor and to stop these lakefilling projects before now. This is the second summer he has been in office and the second summer the beaches have been closed,

and we have witnessed a steady deterioration in water quality. Can the minister tell us why he has taken no initiatives and what studies he has undertaken to monitor the impact of this lakefilling as it has occurred up to now?

Hon. Mr. Bradley: The member would know that—

Mr. Shymko: What about the Junction triangle?

Hon. Mr. Bradley: One at a time now. The member for High Park-Swansea (Mr. Shymko) has to wait his turn if he is going to ask a question.

There is the Toronto area watershed management strategy study, which is dealing with a number of these items. I happen to think the results of that study will provide us with some good direction for dealing with these problems.

I note, for instance, that the member says the results in some cases are better and in some cases are worse. Of course, she would mention the ones that are worse; that is what one does when one is in opposition. When one is in government, one mentions how much better it is.

2:50 p.m.

Let me tell the member I am not satisfied. However, I notice that on the Humber Bay east beach there was a fecal coliform count three years ago of 8,000 per 100 millilitres. We had what we consider to be a very high one this year, which was 840 fecal coliforms per 100 millilitres of water. It was 10 times worse three years ago. That is one specific instance, but I am sure there would be others to counterbalance that.

IDEA CORP.

Mr. Gillies: My question is for the Premier. It has been well known since the government took office that it was the Premier's intention to wind down the Innovation Development for Employment Advancement Corp. On February 19, the Minister of Industry, Trade and Technology (Mr. O'Neil) announced the corporation would be wound down on June 30.

Since the Premier took office, he has approved more than \$18.5 million for new proposals that have gone through the IDEA Corp. Why would he put so much new money into an operation he is winding down, an operation which, I might add, the Treasurer (Mr. Nixon) described in his budget as an inappropriate vehicle for economic development?

Hon. Mr. Peterson: The honourable member is aware of the history of the IDEA Corp. In the preamble to his supplementary, he may want to

enlighten his colleagues who are not aware of some of the administrative problems that developed there over a long period. There were management problems that prompted the member's previous leader, now the member for Muskoka (Mr. F. S. Miller), to voice his displeasure with the IDEA Corp. when he was the Treasurer.

When we came into the government, we came with a clean slate. We looked at the viability of all these organizations, one of which was the IDEA Corp. There were some aspects of financing that were worth while, particularly in the pre-venture capital area. We will continue that under a different structure. We do not believe it is our responsibility just to create bureaucracies to address problems, and find out they do not really address those problems. We believe more in the function than in the bureaucracy. One function of the IDEA Corp. we think is worth salvaging is in the pre-venture capital area. That is why it is being handled in a different form, through the ministry, without that great apparatus, all the offices and that kind of thing that went on in the past.

Mr. Gillies: Let us talk about the government's clean slate. I want to draw to the Premier's attention the two largest investments made by the IDEA Corp. since he took office. First, there was a \$5-million grant to Graham Software Corp. I am sure the Premier knows Terry Graham, a former partner of his friend Abe Schwartz. The second largest was a grant of \$3 million to Wyda Systems Inc. of Scarborough, a company that retains as its financial consultant the spouse of one of the Premier's senior cabinet ministers.

Will the Premier disabuse me of the impression he is using the IDEA Corp. as a slush fund for the Liberal Party and reaffirm our wish he is using it as a legitimate engine of economic development for this province?

Hon. Mr. Peterson: My honourable friend has been standing in this House and coming very close to making allegations I suspect he would not make outside it. I have never heard of this guy Graham. I think the member as a gentleman should have the honour not to participate in the sleazy politics I have seen from some of his colleagues. It is amazing to see a young man, who is supposed to be filled with some ideals, being sucked into the gutter the way he is.

Interjections.

Mr. Speaker: Order.

RENT REVIEW

Mr. Reville: I have a question for the Minister of Housing. New Democrats have been pushing for years for a rent registry to protect tenants from illegal rents. Where rents are found to be illegal, it would be natural to assume tenants would get their money back. Will the minister explain why his legislation will allow landlords who have overcharged to pocket the money?

Hon. Mr. Curling: The landlords and tenants advisory committee recommended we should not go on a witchhunt. At some stage, we will set up the rent registry and set a date on which to start moving forward in getting all rents registered under the rent registry process. There are conditions under which we will charge people who have charged people in excess of the legal rent.

Mr. Reville: If the minister will unsheathe his copy of the bill, he may notice that under subsection 63(1) one can get some money back, but only back until August 1, 1985. Illegal rents may have been charged for years before that. Why does the minister think it is appropriate to finance retroactive forgiveness for cheating landlords with money that belongs to tenants?

Hon. Mr. Curling: The honourable member knows that the effort to retrieve those moneys might be extremely difficult with landlords who were not keeping proper accounts. If this system were in place—

Mr. McClellan: So crime does pay.

Mr. O'Connor: They should all burn their books now.

Mr. Speaker: Order.

Hon. Mr. Curling: I know how anxious the members are that this system should have been in place years ago, but it was never acted upon. The previous government suggested a rent registry, but it did not have the guts to bring it forward. We now are bringing it forward. We have decided to look forward instead of going on a witchhunt. We know this system will be fair from here on.

POLYCHLORINATED BIPHENYLS

Mr. Reycraft: My question is for the Minister of the Environment. It results from a telephone call I received yesterday from the mayor of Strathroy. He was extremely upset because he had just been told by ministry officials in the regional office in London that they expect Ontario Hydro to receive approval to store materials contaminated with polychlorinated biphenyls at Hydro's depot in Strathroy. The problem is that Hydro's depot is located just a

few hundred feet from one of the wells that provide Strathroy with its source of municipal water and also that the depot is located adjacent to a Canadian National Railway line.

Mr. Speaker: And the question is?

Mr. Reycraft: What is the minister doing to protect Strathroy's water supply from the danger of contamination by those PCBs?

Hon. Mr. Bradley: I would like to thank the member for the question, I think.

Hon. Mr. Peterson: But you will not.

Hon. Mr. Bradley: I will not thank him for it, but I think he has raised a legitimate concern.

As is the case in the temporary storage of PCBs until such time as we have in effect in Ontario the capacity for the mobile destruction of PCBs—we have the regulation at the present time—in this specific case all the PCBs to be contained would have to be in double containers. Whether it is soil or other material, it would first be in a barrel and then would be inside yet another container to ensure the material did not escape. This is the manner in which we deal with it. I understand there have been some problems in the past. As a result of much that we have learned and the information we have gained about PCBs, there has been a rather significant change in the manner in which we deal with them. That is why they now are dealt with in this secure manner.

Mr. Reycraft: The minister refers to the storage facility as temporary. According to today's London Free Press, Ontario Hydro has admitted it has been using the storage site for some four years now. How much longer are we going to have to wait until we find a permanent solution to this problem of the disposal of PCBs?

3 p.m.

Hon. Mr. Bradley: For those who have suspicions about these questions, they should be allayed today. I can assure the member of two things in this regard.

First, before any final decision is made as to the establishment on a permanent basis—a permanent temporary basis; let us clarify that—a temporary basis of a site to retain and store PCBs until such time as there is the potential for the destruction of them, I can assure the member that I will review all aspects of this before any approval is given for that site.

Second, I want to emphasize the fact that as a result of the commission that was set up and had public hearings, a regulation was developed on the issue of PCBs and their mobile destruction. The regulation is now in effect, and those companies that wish to bring forward their

proposals for the destruction and testing facilities are welcome to do so at this time. I expect they will be moving very quickly on this. Some have already indicated an early interest. At that time, we will have the mobile destruction dealt with. Also, within the mandate of the Ontario Waste Management Corp.—

Mr. Speaker: Order. New question.

TECHNOLOGY FUND

Mr. Gillies: I have another question for the Premier, who thinks it is sleazy to question his fast-and-loose disposal of millions of dollars of public funds. Last week he said I was negative to question his right to hand out \$17.5 million from a technology fund that does not yet exist. When did the executive council of the technology fund make its decision to fund the Exploracom project, and exactly who is on this executive council?

Hon. Mr. Peterson: The member has every right to question every penny we spend, but he does not have the right to make ill-founded allegations about people's reputations that are based on no knowledge, the way he just did. There are certain rules, if the member knows of something that is going on. Apart from the parliamentary rules, I think my friend's personal sense of honour would prevent that kind of thing in the absence of proof, I would assume. If there is any proof of collusion, obviously it should be exposed. However, the member is just skirting around the edges. If he has an allegation, he should be a man and stand up and make that allegation in the House.

Interjections.

Mr. Speaker: Order. Response, please.

Hon. Mr. Peterson: If the member has allegations about the Innovation Development for Employment Advancement Corp., I will take them to the chairman, Ian Macdonald, whom the Tories appointed. We did not appoint him. Any grants that were made by their appointees to the IDEA Corp. were made with no interference from this government. I do not even know about the grant the member is talking about. I will take this to the member's colleagues, their appointee, their Ian Macdonald, if he is suggesting collusion.

I beg to differ with my friend with respect to the creation of the technology fund. If he read the budget, or had someone read it to him, he would realize it was created in the budget of some months ago. It is all there.

Mr. Gillies: I will repeat with pleasure out in the hall anything and everything that I have said in this House. I want to make it quite clear that I am not questioning the way the Premier's friend Mr. Schwartz and the others do business. I am questioning the way the Premier does business.

We have spoken to the Premier's assistant, Hershell Ezrin, and we have spoken to the assistant to the Minister of Industry, Trade and Technology (Mr. O'Neil), and to the assistant of the Deputy Minister of Industry, Trade and Technology. They all said the same thing: the technology fund is not operating and no meetings have taken place.

Why was my office told that no submissions could be made to the technology fund until early fall when somebody—and the Premier will not tell us who—approved one \$17.5-million grant to a venture that is headed by a friend of his? Does the Premier not see it in the best interests of this House and of the government to get this all out in the open?

Hon. Mr. Peterson: I remind the honourable member that everybody is a friend of ours now and his party does not have very many left. That is one of the realities of the situation.

If the member is questioning the way the IDEA Corp. does business, I will take his suggestions, his attacks on the integrity of Ian Macdonald and the former government-appointed board to Mr. Macdonald, because those decisions were made by the IDEA Corp.

To repeat, that fund was announced in the throne speech and created in the budget. We will be having announcements very shortly on the composition of the council. It has had an enormous amount of interest. We decided to get moving.

To disabuse my friend about the ultimate responsibility, the council will be advising on these matters, and he will see it is a very impressive group of men and women who will be serving the province, but the ultimate responsibility will be taken and decisions made by the executive council, by the cabinet of this province, as they properly should be. That is where the decisions were made, are made now and will be made in the future. Surely the member understands that.

Interjections.

Mr. Speaker: Order. I will wait if you want to waste the members' time.

FOREST REGENERATION

Mr. Laughren: I have a question for the Minister of Natural Resources. The minister will

recall that in 1985 he renewed some forest management agreements in the fifth year of their anniversary. Before signing, he was to assess the kind of regeneration done on cutover lands since 1980 through 1985. Can the minister tell us why his officials assessed only 22 per cent of that cutover land before he signed those agreements for yet another five years?

Hon. Mr. Kerrio: I will have to take that kind of question as notice and get the particulars for the honourable member. I cannot tell him more than that at this time.

Mr. Laughren: I am disappointed to hear that, because I put that question on the Orders and Notices paper five months ago. The minister responded that only 22 per cent had been assessed by his ministry, and he could not give me an assessment of even the 22 per cent that had been done by his ministry officials. Why can he not give me even the stocking levels or the survival rate on the 22 per cent that was done? Is he ashamed of the figures? Does he not know the figures? Does he not care about the figures? Why would he sign those documents without that information?

Hon. Mr. Kerrio: After many years of forest management, the government has decided it is finally going to bring in an independent person, Dr. Baskerville, to assess the forests and the methods we have to respond to such questions. I am surprised the member does not realize we have a commitment. He is talking about some of the very things that are ongoing. However, I want to share with him, and I think it must be said, that any documentation my ministry has will be shared with the member or any other member of this assembly.

3:10 p.m.

TARIFFS

Mr. Mancini: I have a question for the Minister of Agriculture and Food. In the Saturday edition of the Toronto Star, there was a brief mention of the most recent United States trade threat, this time to the Canadian cut flower industry, some of which is situated in my constituency. What is the minister or his ministry doing to assist the Ontario cut flower producers in the face of this new protectionist threat from the US?

Hon. Mr. Riddell: I am pleased to report to my colleague that I am well aware of the petition submitted by the US cut flower industry to impose countervail action or antidumping duties on imported cut flowers.

I should point out that Canada and Ontario are not major exporters of cut flowers to the US. Once again, the close relationship between the Prime Minister of this country and the President of the US finds Canadian producers are caught in a crossfire between the US and other trading bloc nations.

I have written to my federal counterpart, the Honourable John Wise, to impress upon him my concerns over this proposed action and the real need for the government of Canada to act decisively to defend Canadian interests. The federal Minister of Agriculture has a number of options open to him to defuse this situation.

DAY CARE

Mr. Cousens: This question is of the Minister of Community and Social Services. Ontario is the only province in Canada that uses a means test to determine eligibility for subsidized day care and child care. These tests are intrusive and degrading. Means tests are applied inconsistently across the province. They involve a great deal of discretion. They are difficult for immigrants and non-English-speaking families to use. Is the minister going to eliminate means testing and replace it with income testing?

Hon. Mr. Sweeney: We have had several discussions with the federal government about the possibility of Ontario moving from needs testing to income testing. The only difficulty we have is that at present the federal government will not allow us to acquire or use subsidized spaces in commercial day care centres if we use the income test.

The member might be aware of the fact that despite our movement to fund more nonprofit centres, at present approximately 50 per cent of all the day care spaces and subsidized spaces in Ontario are in commercial centres. It would be literally impossible for us to operate if the federal government is not prepared to make a change in that direction.

Mr. Rowe: While the minister stalls on his infamous white paper, eligibility for subsidized day care continues to be dependent on one's location in this province. Families in Toronto, North Bay and Perth find it easier to qualify for subsidy than do families in Barrie, Windsor and Essex. If the minister does not introduce income testing, will he at least standardize eligibility criteria to provide equal access to subsidized child care?

Hon. Mr. Sweeney: I am sure the member realizes local municipalities currently contribute 20 per cent towards the cost of subsidized spaces,

with the province picking up the other 80 per cent. Because of that, a number of municipalities have refused to pick up subsidized spaces. As a matter of fact, it is approximately 40 per cent at present. Granted most of them are smaller municipalities, but that happens to be the fact.

We have the difficult situation of having larger municipalities such as Toronto and Ottawa that will gladly accept every subsidized space we offer. On the other hand, we have the difficulty of literally going out to beg and plead with other municipalities to take them and not have such restrictive requirements.

As a result of that situation, the review we are in the process of conducting clearly takes a look at the role of municipalities in the cost-sharing of day care spaces. At this time, I cannot tell the member what the result is going to be, but we recognize the problem he brings to our attention.

INSURANCE RATES

Mr. Swart: I have a question for the Minister of Financial Institutions. I would like to bring to his attention the case of Fran Bates of 69 Madison Avenue in Toronto, a responsible, single woman in her 40s who last fall obtained a certificate from a driving school and then got her licence. Early this year, she secured a 1984 Topaz.

Would the minister believe that after trying more than 20 insurance companies and agents, she took the cheapest coverage available and had to pay a yearly premium of \$2,740? Does the minister not think it is grossly unfair that she be charged a premium three times the going rate just because she is a new driver? Does he not believe a person should be considered innocent until proven guilty?

Hon. Mr. Kwinter: I trust the member has his information correct, but I have no way of responding because I do not know the situation and there may be extenuating circumstances. I will be delighted to check into it for him if he will send me the information.

Mr. Swart: A detailed check with Autopac, which is the Manitoba Public Insurance Corp., showed that she would pay \$534 for the same coverage other than no-fault, which would be higher. Is it not amazing that in the 600 pages of the Slater report, no comparison was made of the rates of the public plans in the west versus the Ontario cost? Is it not true that neither Slater nor the minister, because of his philosophical bias, wants to know the savings of a public plan? If the minister denies that, will he have such a comparison made by Woods Gordon or some other reputable firm?

Hon. Mr. Kwinter: Contrary to the member's statement, Dr. Slater did compare all the plans and did say there was some merit to it. However, in his overall consideration, it was his recommendation that this government should not be in the car insurance business.

DAY CARE

Mr. Cousens: I have a question for the Minister of Community and Social Services. I fear that in his answer to the last question he failed to understand that Ontario is the only province that has means testing. I wish he would do his homework on that matter. It is the only one, and it is time some action was taken.

Mr. Breaugh: How did that happen?

Mr. Speaker: New question.

Mr. Cousens: Many municipal governments in this province—

Hon. Mr. Nixon: Are you going to answer the question "How did that happen"?

Mr. Cousens: Does the member want the floor? He is such a delight to listen to at times.

Mr. Speaker: I am sure the member for York Centre has a question.

Mr. Cousens: Many municipal governments in the province are unable or unwilling to fund subsidized child care spaces. Does the minister know that there are no subsidized day care spaces in Haliburton, Lennox and Addington or Ganoque? Is he going to do anything for the low-income families in these areas who need child care?

Hon. Mr. Sweeney: I think in my previous answer I indicated to the member that there are municipalities that are unwilling. I am not sure I can use the member's word "unable," but certainly they are unwilling to pick up the subsidized spaces offered to them. We have a number of offers around a number of those same municipalities around the province at present. The member may also be aware that in some situations where a municipality truly is unable, the ministry can set up a different kind of local structure and put in subsidized day care spaces without using the municipality, but it truly has to be a case of "unable" as opposed to "unwilling."

Mr. Cousens: We would like to see the minister do something to provide equality for all across the province. As part of an effort to maintain low taxes, London has reduced its number of subsidized child care spaces by 13 since January. London funds no municipal day care centres, nor does it subsidize school-age child care. Can the minister please tell us what he

is going to do or is doing to encourage or mandate municipalities to provide adequate subsidized child care?

3:20 p.m.

Hon. Mr. Sweeney: I think the honourable member would agree with me if I were to say that surely the city of London is able to provide subsidized spaces, or its 20 per cent share, should it wish to do so. I appreciate that they are obviously unwilling to do so. There is no doubt that the review being conducted—and I am not prepared to indicate what the result will be—will have to look at the possibility of stronger incentives to some municipalities or to all municipalities. I am not sure what form they would take, but I concur with the honourable member that what he describes will continue as long as the optional provision is there.

UNEMPLOYMENT

Mr. Morin-Strom: I have a question for the Minister of Northern Development and Mines regarding the economic crisis which continues to face the community of Sault Ste. Marie and the district of Algoma and the fact that more than six weeks have passed since we held an emergency debate in this House on this issue.

The community continues to wait for action from this government. In the meantime, we have had specific depositions made to the minister, to the committee of deputy ministers which came to northern Ontario and to members of the standing committee on resources development. These depositions proposed specific opportunities for development in Sault Ste. Marie and actions the provincial government could take. Can the minister tell us when this government will announce an action plan to deal with the crisis facing the community of Sault Ste. Marie?

Hon. Mr. Fontaine: We are not going to have an answer tomorrow. We have been working on it for about three weeks. The honourable member knows that, because I discussed it with him personally. It takes time. We do not want to put a Band-Aid on this. We want it to be long-term, and it will be before the middle of July.

Mr. Morin-Strom: I thank the minister for that somewhat specific answer. One question currently facing the community is the issue of the unemployed workers' help centre. I believe the minister very recently received information on this centre and the difficulty it is having with the Ministry of Skills Development in applying formulas devised for southern Ontario unemployment problems in the context of the severe problems being faced in northern Ontario. It

must be obvious to the minister that these formulas do not apply to northern Ontario and that special consideration has to be given.

Has the minister looked at the situation facing the unemployed workers' help centre, and what is he proposing to do to ensure that it gets immediate funding for its operation?

Hon. Mr. Fontaine: On this subject, there is some discussion going on with the Deputy Minister of Skills Development. We will try to find a solution to the problem in Sault Ste. Marie.

BOXING REGULATIONS

Mr. Mancini: I have a question for the Minister of Consumer and Commercial Relations, who is responsible for the Ontario Athletic Commission. All of us who are fight fans were able to witness the unfortunate defeat of the best fighter in Canada in the welterweight division, Shawn O'Sullivan. We were also somewhat surprised by the way the fight ended—

Mr. Andrewes: He looked better than I did.

Mr. Mancini: Yes, he looked much better than the member for Lincoln (Mr. Andrewes).

It was stated after the fight concluded that the fighter's life could have been in jeopardy because Ontario does not have a provision for a standing eight count, where a referee can stand between the two combatants and prevent the—

Mr. Speaker: Your question is.

Mr. Mancini: It is coming.

Interjections.

Mr. Mancini: The only person here who needs a standing eight count is the Leader of the Opposition (Mr. Grossman).

Mr. Speaker: Order. I will continue waiting.

Interjections.

Mr. Speaker: Order. Now place your question, please.

Mr. Mancini: Boxing is a licensed sport, and people's lives are in jeopardy in some situations. Will the minister review the provisions in the Ontario law or regulations which deny a referee the right to give a standing eight count, which would provide some type of protection for the fighters?

Hon. Mr. Kwinter: There is no doubt this is something that has been debated as a result of the match between Shawn O'Sullivan and Simon Brown. I do not know the position on it. I will be happy to refer it to the commissioner, Clyde Gray, and get back to the member.

Mr. Mancini: Since there will be other fights between now and the time when Mr. Gray has a

chance to review this and since we are vitally concerned about the safety of fighters, can the minister have Mr. Gray expedite his review of this situation and confirm a date to the minister so he can report to the House and make the necessary changes?

Hon. Mr. Kwinter: I will be happy to take it up with the commissioner and get back to the member.

SLO-PITCH ONTARIO

Mr. Partington: My question is to the Minister of Tourism and Recreation. Why has the minister refused to consent to the incorporation of Slo-Pitch Ontario as a nonprofit athletic association, among other things blocking the creation of 125 jobs in Niagara?

Hon. Mr. Eakins: There has been some discussion by Softball Ontario and Slo-Pitch Ontario with the people in our ministry. Slo-Pitch Ontario is looking for a separate identification in a case where we fund one major sport association. Anyone who has played both sports, as I have, will find that slow pitch is simply a part of Softball Ontario. Discussions are taking place, and I think the matter will be resolved.

Mr. Partington: The minister knows Slo-Pitch Ontario does not challenge the authority of Softball Ontario in the hierarchy, but his refusal to consent is holding back and may destroy the creation of an 11-diamond, \$8-million slow-pitch complex in the Niagara region, which would bring millions of dollars in revenue, sports and recreation annually, as well as the 1988 championships.

Will the minister act today and give his consent so this facility can get under way and create jobs and recreation for athletes and spectators in this province?

Hon. Mr. Eakins: We want to bring together our sport associations, not divide them into more associations. As I have told the member, discussions are taking place, and I am quite optimistic that we are going to arrive at a mutually acceptable conclusion.

PETITIONS

NATUROPATHY

Mr. D. R. Cooke: I have a petition signed by 50 constituents, asking the Legislature to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment.

Mr. Speaker: Again I have to remind the members that private conversations are creating difficulties for those presenting petitions.

FIRE CREW

Mr. Wildman: I have a petition signed by 76 residents of the township of Thessalon.

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"We, the residents of Thessalon township, strongly object to the removal of the Ontario Ministry of Natural Resources fire crew from the Little Rapids office for the following reasons:

"1. The lack of protection to private land and bush lots.

"2. The lack of protection to the Kirkwood plantations, a valuable resource.

"We take exception to the Ministry of Natural Resources argument that adequate initial attack can be provided by Blind River fire crews, a minimum of 40 minutes away, and request that the decision to remove the crew be reversed, as there are numerous crews in the Blind River office to draw from for the Peshu Lake base."

3:30 p.m.

ABORTION CLINICS

Mr. Ferraro: I have a petition signed by 60 constituents of mine. It indicates:

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, are opposed to the operation of abortion clinics in Ontario. Abortion is not only an irresponsible means of birth control but also the taking of a life."

HIGHWAY TRAFFIC

Mr. Poirier: I have a petition signed by close to 200 people in my riding, which reads:

Nous, soussignés, demandons au ministre des Transports et des Communications de l'Ontario, l'honorable Ed Fulton, qu'une étude soit entreprise dans les plus brefs délais afin d'améliorer la circulation routière sur la Route 17, entre Rockland et Ottawa.

We, the undersigned, request of the Minister of Transportation and Communications, the Honourable Ed Fulton, that a study be done within the shortest possible delay to improve the vehicular traffic on Highway 17 between Rockland and Ottawa.

ORDERS OF THE DAY

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may charge for

rendering Services that are Insured Services under the Health Insurance Act.

Mr. Chairman: Order. Could the various conversations either be carried on outside or discontinued? Various members are going to try to debate this amendment.

When we stopped yesterday, the minister had just read an amendment to add new sections 3a and 3b. He had just read them into the record; then he moved that the committee rise and report. The minister may wish to make comments on this amendment.

Hon. Mr. Elston: I do, Mr. Chairman. My comments will be brief because there has been a great deal of discussion in relation to these amendments. They are designed to provide us with the opportunity of protecting patients from having to pay extra and find out after the fact that they have paid extra with no way of recovery.

It is designed to make this legislation so-called patient friendly. It will have as a result that the money will be withheld once there is a determination that there has been, in the opinion of the minister, an extra payment or, as is defined in the legislation, an unauthorized payment to a physician.

The money will be held back by the general manager from payments that are to be extended to the practitioners from money that is generated out of so-called opted-in practice. We have seen that this particular mechanism will provide the bill with an administrative procedure that will be designed to make the focus of attention not on the patient but specifically on the government, which we think is an appropriate place to have the attention focused. We want to take the pressure off patients in relation to the operation of this particular statute.

In addition, we feel section 3b, which, as the Chairman noted, is being introduced for consideration along with section 3a, provides for the review of the withholding by the general manager and provides that a procedure can be put in place whereby money is returned when it is not determined to be an unauthorized payment within the meaning of that term.

The unauthorized payment, just for the benefit of the people who will be looking at and reading this section, is to be defined in section 1 of the legislation and is included in an earlier amendment to the statute that we decided to step down until we dealt with the substantive sections.

The situation is one where this procedure will protect against withholding on a whim, as it were. It makes it specific that there has been a payment made on the part of a patient to a

physician. Withholding an equal amount plus an authorized administrative charge will put the onus on the government and the physician to work out any details of difficulty.

The review mechanism is designed to use the Health Services Appeal Board and one of its members to resolve any questions of concern which may be raised after notice has been given by the practitioner. That being the case, we think there is a built-in safety mechanism to prevent any inappropriate withholding on the part of the minister.

I urge all members of the House to support this administrative procedure. I think it accomplishes a couple of things we would like to see accomplished in this legislation. One is to relieve some of the concern that was expressed about the criminal nature of the fine sanction alone. This will provide us with the opportunity to discover whether the extra billing has been carried out or whether there is some other reasonable explanation without going through the courtroom procedure.

In fairness to the people who are gathered here to listen to this debate and discussion, I must advise that we expect there are about 400 physicians to whom the mechanism will not apply because they have no so-called opt-in practice. For those people, we have the fine mechanism, which is provided, unamended at the current time, and which has been brought to the attention of the Chairman and members of the Legislature, to enforce the provisions of this legislation.

In addition, we think the adoption of the amendment introduced by the member for Windsor-Riverside (Mr. D. S. Cooke) will provide a salutary effect on the breach by the approximately 400 physicians who do not have any opt-in income from which we could withhold payment if we determined extra billing was taking place.

With these three items, the mechanism of the bill will be much more workable, will become much more patient friendly and will provide us with an administrative procedure to take the degree of criminal onus from the legislation, as was put to us on more than one occasion by people who appeared before our committee.

With that, I urge all members of the House to support this mechanism.

Mr. Lupusella: I would like to make a few points in relation to this section. I do not think this party will have any objection to its contents. However, perhaps I can take the opportunity to raise with the minister a concern I have under

subsection 3(1). I hope the minister will be able to give me an explanation of why the Minister of Health has the discretionary power indicated by the use of "may". He "may enter into agreements with the associations." Why is "must" or "shall" not used?

I hope the minister is paying a bit of attention, because I think in subsection 3(1) there is a loophole which can be used by the associations if they do not want to enter into an agreement. I hope the minister can explain to this Legislature why he wants to use the discretionary power of the verb "may" instead of using "must" or "shall."

3:40 p.m.

The other point I would like to bring to the minister's attention is what is going to happen in case the minister is not able to enter into an agreement with the associations mentioned in subsection 3(2) of Bill 94. The reason I am raising this particular concern is that I foresee problems deriving from this particular subsection. I perceive problems that are ongoing in the present negotiations between the Minister of Health and the Ontario Medical Association. Apart from dealing with the OMA, I am sure other groups, as prescribed in Bill 94 under subsection 3(2), may take some position not to enter into an agreement with the minister. I would like to know what steps the minister will undertake in case the associations do not want to bargain with the minister to reach such an agreement. I hope the minister will be able to reply to my question.

Hon. Mr. Elston: Although the questions pertain to a section that was passed yesterday, I have no problem with respect to dealing with them again. We did talk a little bit about this yesterday. I appreciate that the member may not have been able to participate in that discussion when it occurred.

What I have to convey to the honourable member, particularly with respect to our deliberations with the OMA, is that we do have a mechanism that is working to resolve the dispute. A presentation was made in committee by that association and its representatives that indicated they were happy enough with what is called the Joint Committee on Physicians' Compensation for Professional Services to resolve disputes. We need to sit down and talk about any other changes that may be desired in those dispute resolution mechanisms. From my standpoint, the goal of this legislation is to generate those discussions rather than take away the discussions by putting in some kind of predetermined, formulated and

unilateral mechanism that might not be acceptable to the groups.

I thank the honourable member for some of the concerns he has raised. We will continue to use the resolution mechanisms that are available to us to meet and discuss with those groups the way in which we can come to agreement whenever that is necessary. Leaving the bill to generate that discussion is probably essential from my standpoint. I am actually looking forward to sitting down in the aftermath of passage of Bill 94, either to proceed with the continued use of the the joint committee on physicians' compensation with the OMA or to generate some new mechanism in consultation with it.

Mr. Andrewes: I want to seek some clarification on one or two issues. The first one is the issue of the 400 practitioners who have no opt-in provision. I take it that the minister is satisfied that the penalty, which I assume will be amended subsequently, the penalty of \$250 in the first instance, will provide the incentive by which the force of the bill can be brought to bear on the practitioners. Am I correct in assuming that?

Hon. Mr. Elston: That is what I indicated. Where there is no opt-in practice, obviously the fine section is the only way of enforcing the provisions of the legislation if someone is determined to violate the law of Ontario.

Mr. Andrewes: Then is it not with this group of 400 that the minister would anticipate having the greatest problem?

Hon. Mr. Elston: There is not necessarily any problem being anticipated. I think most people in the province are law-abiding. I am just saying it to be fair to the members so that they understand the coverage of the proposed amendment. There are some 400 physicians who do not have an income from an opted-in practice for which this mechanism would be of use in an administrative enforcement of the act. I was putting that right up front so the members knew it before they got to discussing it.

However, it does cover well over 17,000 people practising in the province now who have some degree of opted-in income. I look at this administrative mechanism as being a patient-friendly mechanism that would be appropriate and important in dealing with some of those inadvertent situations that people have told us ought not to go before the courts. This resolution mechanism is an appropriate way to provide us with the flexibility of not necessarily having to go through the court route if it can be cleared up otherwise. It is an appropriate mechanism to make sure the patients are not shouldered with a

heavy load. The onus and responsibility then focus the problem on to the government and do not violate the relationship between patient and physician.

I have to leave for a short time. My parliamentary assistant will be here. I will return shortly after I go to a long-standing, pre-arranged event at which I expect to see the member for Don Mills (Mr. Timbrell). I will return as quickly as I can to take up the discussion. Perhaps I may excuse myself for a few moments.

Mr. Andrewes: I will be delighted to carry on this dialogue with the member for Wentworth North (Mr. Ward). Maybe I will get an answer.

Mr. Lupusella: Can I go there?

Mr. Andrewes: Sure. That was not part of the accord. That was the part they rejected.

My point is that they have gone through a very elaborate process that the minister said is designed to be patient-friendly. That is a nice term. I assume that is the same terminology one uses with computers that are compatible. It is designed to benefit the patient rather than benefit the physician. I can understand why he has chosen that terminology and why he has moved in that direction, but what I do not understand is that the doctors who are opted out, I assume, are opted out so that they can bill above the Ontario health insurance plan fee. Is that true?

Mr. Chairman: Excuse me. Before we carry on, is it the agreement of the House that the parliamentary assistant can speak from a seat other than his own?

Agreed to.

3:50 p.m.

Mr. Ward: With regard to the last point made by the member for Lincoln, most opted-out physicians are opted out for the purpose of extra billing, but not all are opted out for that reason. Some physicians who are opted out of the plan still charge only the OHIP rate and prefer to be opted out so that they can be in a bill-direct situation as part of their patient-doctor relationship. Testimony in the committee hearings and by other deputations has clearly underlined the fact that some physicians are opted out not for the purpose of extra billing but to have that direct relationship with their patients.

Mr. Andrewes: I am glad to have that on the record, particularly coming from a government member. If the parliamentary assistant has not already gathered it, my point is that the government has gone through an elaborate process to try to set off any instances of extra billing, to provide for a mechanism to collect

back from a physician who violates Bill 94. It has gone through a very elaborate process of setting up an administrative procedure, probably adding a level of staff and a new set of computers in Kingston or up wherever that is—

Mr. Ward: Grimsby.

Mr. Andrewes: No, I am quite sure it will not be in Grimsby. There will be a new set of computers on Overlea Boulevard in York East.

The member is telling me the mechanism the government is designing here is going to miss a good number of those physicians who desire to opt out and may be those who are currently extra billing. Is that what the member is saying?

Mr. Ward: I think the minister indicated clearly and was up front that there are 400 physicians in Ontario who are opted out, bill directly and do not receive any reimbursement whatsoever from OHIP. The mechanisms provided here would not permit the ministry any opportunity to be involved or to stop the practice of extra billing in that regard.

For the other 17,000 physicians, if the amount they extra bill is going to be withheld from their payments and the physician is not receiving any payment from OHIP, then there is no opportunity to withhold those funds. In that case, the penalties provided for in the legislation are the deterrent.

Mr. Andrewes: Then I suggest to the member for Wentworth North that his amendment is somewhat redundant. However, the government seems determined to carry on. I will go to section 3b. This is the review section. It says:

"(1) A practitioner is entitled to a review of the issue of whether the practitioner has received an unauthorized payment if, within 15 days after receiving the notice under subsection 3a(4), the practitioner mails or delivers to the general manager written notice requesting a review."

I take it this is the first level of review to which the practitioner is entitled under the bill. The member is nodding. Is that an affirmative answer? The review will be conducted by a board called the Health Services Appeal Board. Am I correct in that?

Mr. Ward: I believe the member is correct.

Mr. Andrewes: In the minister's words, he indicated the purpose of the review was to prevent the minister from inappropriately withholding funds owed to practitioners in the light of some complaint that had been registered.

Mr. Ward: It is to determine whether the payment was unauthorized.

Mr. Andrewes: That is right. I believe there is a section here which allows for adding additional members to the Health Services Appeal Board. It is my understanding the minister is saying we do not want to be in the business of withholding funds inappropriately, so we are putting this appeal mechanism in place. It is also my understanding the Health Services Appeal Board is some two years behind in hearing appeals. How is the government providing an appropriate mechanism of appeal if the Health Services Appeal Board is already two years behind in hearing appeals?

Mr. Ward: I am sorry. I have no awareness of the board being two years behind in its hearings.

Mr. Andrewes: Before we call the question, perhaps I can have that point clarified by one of the learned members of the Ministry of Health staff who are under the gallery.

Mr. Haggerty: You should know them by name.

Mr. Andrewes: I know some of them. Brief though our acquaintance was, I know some of them.

Mr. Laughren: Was it a good experience?

Mr. Andrewes: Oh, it was wonderful.

Mr. Breagh: Was it good for you?

Mr. Andrewes: It was great.

Mr. Foulds: I hear limousine nostalgia coming on.

Mr. Andrewes: I only wish I had been there long enough to become infected with limousine nostalgia.

Mr. Breagh: This is the best speech you have ever given.

Mr. Andrewes: I have nobody to give it to at the moment.

Mr. Chairman: The member should carry on with his debate while the parliamentary assistant is out, because the House cannot wait, unless the member would like to sit down and let some other member carry on.

Mr. Andrewes: I will do that for the moment.

Mr. D. S. Cooke: I have a couple of questions for the parliamentary assistant. This question may have been raised when I was not in the chamber. Under this amendment, OHIP or the ministry is expected to withhold payment from opted-out doctors who extra bill. However, since opted-out doctors do not get paid by OHIP, how can the government withhold money that is not paid to an opted-out doctor?

Mr. Ward: That was the point of the entire discussion initiated by the member for Lincoln (Mr. Andrewes). As the minister indicated before he had to leave, there are approximately 400 doctors who direct bill and do not receive any reimbursement whatsoever from OHIP. All their practice is on a direct-bill basis. The fines provided for in the legislation are the deterrent in that regard.

Mr. D. S. Cooke: What will the difference be in the process? I assume there are some opted-out doctors to whom some payments are made and, therefore, that is the enforcement mechanism.

Mr. Ward: The mechanism is the fines provided in the legislation as a deterrent.

Mr. D. S. Cooke: I understand that is the enforcement, but I want to know what the process is. Who takes them to court? Under this mechanism, my assumption is that the ministry will become aware of it and take responsibility for going the legal route.

Mr. Ward: That is correct.

If I can respond to the member for Lincoln's concerns about the review board and its backlog, there has been a backlog during the past couple of years. I am advised it is diminishing. Let us not view it as a permanent state of affairs. The ministry will take steps to address that backlog.
4 p.m.

Mr. Andrewes: That is of some comfort, because when the minister was saying the purpose of the review process was to prevent the minister from withholding funds inappropriately, then the review mechanism has to have some expeditious force to it. If, as we are given to understand, a backlog exists within the Health Services Appeal Board, it would seem logical that has to be dealt with fairly expeditiously as well in order to make the whole thing function reasonably and fairly.

I come back to my previous point, which was followed up by the member for Windsor-Riverside. It is my understanding that currently only the Minister of Health can determine whether or not a doctor has opted in or opted out. Is that correct?

Mr. Ward: Yes, that is correct.

Mr. Andrewes: Okay, and the administrative machinery or the ministry itself is unable to determine who is extra billing or how much is being extra billed. Is that correct?

Mr. Ward: That is correct. There have been estimates done, as the member is aware, but it is not a finite art.

Mr. Andrewes: So this process setting off what was described as being patient-friendly is only effective if the patient makes a complaint.

Mr. Ward: That is correct.

Mr. Andrewes: Now we are being joined by the heavyweights. I can see now that the member for Wentworth North (Mr. Ward) is in some difficulty.

If the patient does not complain, does not register a complaint with the general manager, then all of this mechanism would fail to click in.

Mr. Ward: I am sorry, I missed that.

Mr. Andrewes: If the patient does not raise the issue of being extra billed with the general manager, then all of this mechanism will not take place.

Mr. Ward: That would be correct if there was no awareness. By the same token, however, with the amendment that was put forward by the member for Windsor-Riverside, as well as the other provisions in this legislation, I cannot foresee a circumstance under which a patient would not know that he is being extra billed.

Mr. Andrewes: Does the parliamentary assistant have any idea at this stage of the game what the added costs of administering this amendment would be?

Mr. Ward: I am advised by the ministry officials that we do not anticipate there will be very many claims in this regard. We have no firm estimate at this point of the additional administrative costs.

Mr. Andrewes: The general manager described in Bill 94 is the same general manager that is described in the Health Insurance Act. Is that right?

Mr. Chairman: I think the member for Wentworth North is nodding his head indicating yes.

Mr. Andrewes: He is nodding his head? Is the parliamentary assistant saying the costs and numbers of live bodies needed to put this mechanism in place would be minimal and would be dictated to some degree by the number of complaints?

Mr. Ward: Yes.

Mr. Andrewes: That is a little reassuring. I would not want to think that such a mechanism might start to chew into those \$50 million that the ministry is anticipating receiving from the government of Canada—

Mr. Haggerty: We have not got that yet; not until the bill is passed.

Mr. Andrewes: —once it brings its legislation in line with the Canada Health Act. I would be glad to start making those arguments over again, but I will not do it at this stage of the game.

At this juncture, we will not support this amendment. It probably comes as no surprise to the member for Wentworth North. First, we feel that, philosophically, we are opposed to the bill and therefore it would be inconsistent with our position on the bill to do anything but oppose this amendment.

We see some pitfalls in the amendment itself. It does not provide a mechanism for protecting those patients who appear to be the ones who are most liable to need the protection. It puts in place and administers a process that appears to be somewhat redundant.

I am somewhat reassured that the appeals process could be tidied up, but it would appear there is a chance that the appeals process would be protracted, would be delayed, because of the number of appeals currently before the Health Services Appeal Board and those that might follow. I assume the opportunity always exists for a practitioner to take a further appeal to the courts, which could protract it further and add additional costs.

Mr. D. S. Cooke: We will be supporting this amendment in that one of our concerns with the original version of Bill 94 was that the enforcement mechanism was nil and it put all the responsibility on the patient who had been extra billed. This alleviates that concern to some extent.

I have one question for the parliamentary assistant with regard to a follow-up to the member for Lincoln. I assume that if a large number of practitioners in this province decided to opt out and violate the law, then under subsection 2 of this amendment the ability to set the administrative charge by regulation would result in the taxpayers not having to pick up the increased cost from the administration of this section of the act.

Mr. Ward: Again, the administrative charge that is contemplated would be commensurate with the costs that are associated with the process; so I think that is a fair assumption.

Mr. D. S. Cooke: I have just one other question. I think it would come under this section of the bill. I am not sure it would really come under any section of the bill, but it deals with one of the angles that some doctors in this province are now using, which some of us would refer to as protecting themselves or the financial aspects of their business through another method of extra

billing. I want to know whether the ministry is contemplating any action under this section or any amendments in the regulations or negotiations with the practitioners. I am specifically talking about the annual fees.

4:10 p.m.

I am getting from practitioners an increasing number of these notices of annual fees. This one which came from Dr. Porter, Commerce Court Medical Centre in Toronto, is the largest one I have seen so far. He is asking for an annual fee for what he refers to as uninsured services of \$50 per person and \$75 per family on an annual basis. This other one from Dr. Irwin from Kitchener is asking for \$45 for a family and \$25 for a single person.

I am sure the ministry has received complaints similar to this because it is obvious that a fair number of doctors will try to destroy the legislation by using this annual fee. I wonder what the response of the ministry will be, since I assume it would not be considered extra billing under this section, because they are labelling this as uninsured services. The reality is that if we look at \$75 per family in a reasonably sized family practice, we are talking about \$25,000, \$35,000 or \$40,000 that could be generated through this annual fee, probably far in excess even of what was done with respect to extra billing for some general practitioners.

Mr. Ward: Again, the member raises an issue we are aware of. Even within my own constituency, I have been forwarded copies of letters such as that from GPs who are opted into OHIP and do not extra bill.

However, the matter the member for Windsor-Riverside is referring to relates to uninsured services. The member will concede that the letters and the issues that are before him concern an annual fee for services that are not insured. Bill 94, I remind the member, deals only with insured services. I suggest that if the member wishes to pursue it further with the minister, it is an issue that is divorced from Bill 94.

Mr. D. S. Cooke: I am not sure it is entirely divorced from Bill 94 in that there was an expectation up until now that most doctors understood that the total fee schedule package dealt with these items. Although it did not have an item in it for the renewal of prescriptions, in the fee schedule we all understood that if one went to the doctor and had a diagnosis of an infected throat, if that prescription had to be reissued, then it was already covered with the initial visit to the doctor.

It is obvious this is a new twist that a large number of doctors are now using and it could, if it were carried out on a large scale, have a substantial negative impact on the effectiveness of Bill 94. What policy alternatives is the government now considering on an item that I think is extra billing?

Mr. Ward: I have to disagree with the member about those being items that represent extra billing. The letters and the situations I have been made aware of regarding telephone prescriptions and other items covered in this annual payment per patient are not insured services. Medical services are still performed that are not covered by the plan; they are not insured services.

The member is asking me to speculate on what the policy of the minister and the ministry may be with regard to that issue. I say to the member, with respect, that although it is a legitimate issue, it is not an issue that I believe is directly related to Bill 94 in that Bill 94 deals with insured services under OHIP.

4:52 p.m.

The committee divided on Hon. Mr. Elston's motion to add sections 3a and 3b, which was agreed to on the following vote:

Ayes 59; nays 35.

The Deputy Chairman: Hon. Mr. Elston moves that the bill be amended by adding thereto the following section:

"3c. The members of the board shall be paid such remuneration in respect of their services in connection with the administration of this act as the Lieutenant Governor in Council determines."

Hon. Mr. Elston: This is to provide for remuneration for the members of the board who will be appointed to act in review. They will be required under the new section 3b. I think it appropriate that we make provision for their remuneration.

Mr. D. S. Cooke: Before all members leave to go to committees, I wonder whether we could ask something of the Conservatives. Since we might be voting on a few other amendments, to facilitate the committees, could we stack the rest of the votes until 6:30 this evening?

The Deputy Chairman: Is it the wish of the House? No.

Are there any questions or comments on the amendment proposed by the minister?

Mr. Andrewes: I have one brief question to the minister. Is it planned that the remuneration of the members of the board referred to in the amendment, the health services board, will be

different from that of the current members? Why is this needed in this bill?

Hon. Mr. Elston: The provision for remuneration should be made for people sitting in a different set of circumstances to the appeal board, if that were necessary. We want to make sure it is quite clear that when we move to have more members appointed, we have the authority to provide them with remuneration at the same time. It is for relative ease of administration. I think it is an appropriate section.

5:17 p.m.

The committee divided on Hon. Mr. Elston's motion to add section 3c, which was agreed to on the following vote:

Ayes 56; nays 36.

Mr. D. S. Cooke: On a point of order, Mr. Chairman: I ask the members of the Legislature again whether we can have permission to stack votes until 6:30 p.m. to facilitate the two committees.

Mr. Chairman: Is there unanimous consent to stack votes?

Some hon. members: No.

Mr. Chairman: I hear "no" over here. There is not unanimous consent.

Interjections.

Mr. Chairman: Order. The minister wishes to move another amendment. As the members leave the chamber, will they please do so quietly?

Hon. Mr. Elston moves that the bill be amended by adding thereto the following section:

"3d. Despite subsection 44(1) of the Health Insurance Act, the general manager and each person engaged in the administration of this act may furnish to,

"(a) a member of the board;

"(b) the person to whom insured services were rendered or where a person other than the person to whom the insured services were rendered was charged for those services, the person who was so charged; and

"(c) any other person, with the consent of the person to whom the services were rendered,

"information pertaining to the nature of the insured services, the date or dates on which the insured services were provided and for whom, the name and address of the person who provided the services, the amounts paid or payable by the plan for such services and the person to whom the money was paid or is payable, for the purpose of enforcing this act."

Hon. Mr. Elston: This section is required so that information may be made available to

various people for the purposes of enforcing the act. We want to be able to provide the dates, times, amounts and the names of the people for whom and by whom the services were required. That information is all needed to ensure that a judgement can be made with respect to sections 3a or 3b, which were just passed, or sections on fines and otherwise.

I think it is important to put this section in to ensure there is a guideline available to those who are looking at enforcing this act, to provide for the release of information that is required in limited circumstances. We can view this section as providing the definitive group of people to whom the information is made available, the type of information to be made available and the purpose for which it is made available. We will then see that the information will be protected from being provided outside the requirements of subsection 44(1) of the Health Insurance Act in the limited circumstance of enforcing this act.

The requirement is needed to make sure we have guidelines as to whom and for whom the information is to be made available. We have the information about the people to whom it is to be made available so they can carry out their role and function as required under the legislation. Without this disclosure of information section, we would find it difficult to run through the administration of this act in a tidy and and comprehensive fashion.

I urge members of this House to support this section and look forward to that support when the vote is taken.

Mr. Andrewes: In his comments regarding this amendment, the minister talked about a definitive group which might have access to the information and might be releasing the information. He talked about limited circumstances under which the information might be used. Section 3d essentially says, "Despite subsection 44(1) of the Health Insurance Act, the general manager...may furnish to," and it lists a whole series of situations. Are there clearly defined guidelines under which the general manager may issue that information? Did I hear the minister talk about guidelines other than clauses 3d(a), (b) and (c)?

Hon. Mr. Elston: No. The section sets out the people to whom the information will be made available. We have printed it in relation to subsection 44(1), which provides other circumstances under the Ontario health insurance plan. This is determined to give us the authority to release information out of OHIP for the purposes

of this act only. That is why this section is required.

Mr. Andrewes: Going beyond the general manager, when we talk about "each person engaged in the administration of this act," I assume that covers virtually every employee in the Ministry of Health.

Hon. Mr. Elston: I am not sure it would cover every person. It would probably come from the general manager and down. Generally speaking, the general manager of the health insurance program and his designees are the ones who would have access to this information, but it would not be every employee in the Ministry of Health. Not all the employees of the Ministry of Health have access to that information, nor would they be in a position to make a determination or release it. We are not looking at every person in administrative health to be administering this act.

Mr. Andrewes: In his desire to cover a definitive group which can release information under limited circumstances, the minister may want to be more definitive than to talk about each person, because the minister himself is not in a position right now to tell me who those limited persons are.

Hon. Mr. Elston: I do not have the names of those people. I am sorry. Does the member mean the capacity in which they serve? For instance, they would serve under the Health Insurance Act, but I do not have the names of all those people at this point or the names of their capacity as clerks or whatever. I can probably see if we can get a list for the member at some point, but I do not think that is what is indicated here. The people who will be involved in the administration of this act will be more clearly defined as the act takes shape.

It is obvious that anyone who is involved in the administration of this act, or the general manager, who was named, would not be entitled to release information. People will be designated and will be available to be seen. One will be able to find out, in the sense of that being a defined group of people.

Mr. Sterling: I am interested in the same line of questioning being pursued by the member for Lincoln. How many instances does the minister envisage in which information will be shared with any of these three categories under this act?

5:30 p.m.

Hon. Mr. Elston: I do not think it will be used that often, but there are some circumstances where it may be required for people to make a

determination on their own. In some cases, it may be necessary to have that information available to the people to whom the service was rendered. For instance, it may be of use when it is one of the physicians who form that group of 400 physicians we talked about earlier who have not opted in practice, for which the administrative mechanism will not function, I would think it would be of limited use. However, it is essential for the use of those people who may require that information to make a determination about proceeding on the basis of an unauthorized payment.

Mr. Sterling: What I cannot understand is why the minister, when he is dealing with personal information, which we are talking about here and which is of the most private kind in terms of dealing with health statistics and records, does not limit this to the general manager and say the general manager alone has the right to release this information, and take out all the members of the administration, which leaves the possibility of a very wide number of people who could deal with this particular matter.

Hon. Mr. Elston: One of the people who would be involved in the administration of this act is the minister. We would have to make available some information to the member of the board on the basis of the determination we made under section 3a, which was just passed. That would mean we would have to have some information available as to how we made a determination in the original event.

That being the case, I think it would have to be much broader than the general manager. It seems to me we have to make sure we cover those people who are administering the act so we can verify, if a review is requested, why we acted and on the basis of what information we acted, particularly with respect to the board member. In addition to that, I think we would probably want to be able to advise a person who had received the service or otherwise about the nature and the dates, times and places of the services that were rendered.

Mr. Sterling: Surely the number of occasions on which the minister will get these particular complaints, particularly after this act is in effect, are going to be very minimal. The minister is talking about prosecutions or the possibility of a prosecution.

My concern with the section is that there is no notice to the hospital patient or the doctor's patient as to the fact that some person in the administration in that great monolith over there is

sharing this information with some other people without permission. I am not satisfied that this amendment deals with it, even as thoroughly as Bill 34 does in terms of dealing with access to information and privacy matters, which are now before the standing committee on the Legislative Assembly.

First, I would like to see a restriction on who has the right to share this information. Second, I would like to see some notification provision where the patient is getting notice that this information is being shared with whom and that it is not going any further. While this appears to put some restriction on the general manager, what happens if a member of the board shares that particular information outside of his mandate?

Hon. Mr. Elston: I think it is unfair to suggest that the members of these boards which deal with very sensitive items are going to be divulging this information to the public. They do not divulge material under the board work they do now, and I would think they do not and would not divulge material which is sensitive in nature. It is not fair to suggest that the board member would violate the undertaking to carry on the work in the best traditions of people who have served over the years in these public boards. I guess I would also have to indicate to the member—

Mr. Chairman: Order. Excuse me. The noise here is a little much. I cannot hear you and I am sure the member for Carleton-Grenville (Mr. Sterling) cannot.

Hon. Mr. Elston: It has obviously been a rather long day for some. I would like to say to my colleague the member for Carleton-Grenville that the section which appears here is virtually the same as now appears in the Health Insurance Act as well. That is why it takes the form it does. It parallels that particular piece of legislation, from which we are going to be taking a good bit of the information.

That is one reason for setting out those people. It is a limited circumstance, I agree, but it is a circumstance which we must have if we are going to ensure that the information is available so we can act upon it and so the members of the public, if they wish to know, can also act upon it.

Mr. Sterling: I wonder whether the minister would consider an amendment to his amendment to provide that the general manager and perhaps one or two designated people would have the right to release this information. That way, a person would know whether his rights in dealing with his privacy had been abrogated by a number of individuals in the bureaucracy of the Ministry of Health.

That is one of the methods I put forward in Bill 80 to deal with sensitive information dealing with the law enforcement area of this province. I left it up to a number of designated individuals who could release or deal with this information.

Hon. Mr. Elston: As I said to my colleague the member for Lincoln, it will become well known who is involved in the administration of the act. The general manager is quite visible. Following along the lines of the Health Insurance Act, it is nice to continue the parallel nature of this act with the Health Insurance Act since it is dealing with information derived from there. Those people will be well identified, and that should allay some of the concerns of my friend the member for Carleton-Grenville.

Mr. D. S. Cooke: I have only one comment. My understanding from what the minister said is that we are not proposing any major change in the way the information is now accessed. Obviously, there has to be access to the board. If the member for Carleton-Grenville has a specific amendment to place on the floor, we will be willing to consider it.

I find it interesting that this week the Conservative caucus is particularly interested in confidentiality when last week it moved an amendment to another section of this bill that would have sent out annual statements of everything to do with an individual on OHIP, with 14 million OHIP numbers and only eight million people living in this province.

The member for York Mills (Miss Stephenson) said last week that confidentiality was one of the things that might have to be sacrificed to provide information to the people of the province. I am glad the Conservatives are now interested in confidentiality, but I would have expected that if they had a concern about this amendment, they would come prepared with an amendment to the amendment.

Mr. Sterling: I have an amendment to the amendment. If the member would like me to state the amendment, I will put it forward.

Mr. Chairman: It should be in writing.

Mr. Sterling: I just got the amendment in front of me at this time.

Mr. Chairman: The member for Oakville (Mr. O'Connor) wishes to speak to this amendment. While he does, you might prepare whatever it is in writing.

Mr. Sterling: In response to the member's remarks in regard to our concern about confidentiality, when one is talking about confidentiality and privacy, one is talking about control of

information about oneself. If I receive information about the number of insured services that have been supplied to me by OHIP, that is not a breach of privacy or a breach of confidentiality. I still have control of that information myself.

In this matter, we are talking about the sharing of information about somebody else with another group of individuals, about which I am very much concerned. One of the responsibilities under Bill 34, which was also included in Bill 80, is a review of all the confidentiality provisions in all the different statutes in Ontario, which I understand include 110 different statutes. I am sure the Health Insurance Act will be one of the statutes we go through and deal with in terms of privacy matters. Therefore, there is no conflict between the idea of sending a patient his own record and the matters of concern today.

5:40 p.m.

Mr. D. S. Cooke: I suggest the member for Carleton-Grenville would have understood the debate if he had been here last week. The issue in debate last week was confidentiality. The member's proposal was that for every OHIP number an annual statement would be sent to the home. The reality is that in many cases we do not know the home addresses. Concern was expressed that they could go to wrong addresses, that we might not be able to track down individuals and that persons holding the OHIP numbers, for example, parents of 17-year-olds, might get annual statements. There was no guarantee of confidentiality.

The member's caucus recognized there were problems with his amendment having to do with lack of confidentiality, but last week was prepared to sacrifice confidentiality in the name of what, from last week's amendment and the comments by the member for York Mills, I can only read of trying to weed out all the abusers of OHIP, as described by the member for York Mills.

The approach the member took last week was that it was a matter of confidentiality. There happen to be 14 million OHIP numbers in this province and only eight million people.

Mr. Sterling: The member for Windsor-Riverside insists on carrying this debate further.

Mr. Chairman: Do you want to make sure it is on the point?

Mr. Sterling: Yes. We are talking about the confidentiality concerns I have about this bill. He is concerned about the confidentiality provisions we dealt with last week.

The motive behind sending a person his bill is none other than to let that person know the cost of the insured services the individual received from his doctor, his hospital or his clinic during any particular period of time. It is nothing more and nothing less. It is to ensure the person is conscious of the economics of the situation and that he is appreciative of the very good health care system in this province. The motive is nothing more and nothing less.

Mr. O'Connor: I share some of the concerns of the member for Carleton-Grenville in regard to the confidentiality problems that may exist in this section.

Mr. Breaugh: As opposed to the concerns of the member for York Mills.

Mr. O'Connor: To answer the comment from the cheap seats behind me, I think this has been explained with regard to the positions taken last week. As was pointed out by the last speaker, all we proposed was that an accounting of the services provided and their cost be sent to each OHIP cardholder in the province. It was nothing more and nothing less.

This section deals with the release of the full medical records of each patient, which is a much more comprehensive package than a simple listing of the service provided, the date and the amount of money involved. It is a totally different thing. I think the members know that.

The way the section is worded at present is dangerously loose in that it refers to any "person engaged in the administration of this act." The minister cavalierly says, "We know who that is and it does not include everybody," but with that loose wording it potentially includes everybody in the Ministry of Health. Everybody is potentially involved in the administration of the act; sure they are. Further, it leaves it to the discretion of the general manager or every "person engaged in the administration of this act" to furnish or not to furnish it. By the use of the word "may," discretion is left with the person who has control of the records.

Given that circumstance, I ask the minister whether he does not think it wise to provide some criteria to the general manager or other persons having control of the records to guide and direct them as to when they should and when they should not release records to the member of the board or the other people listed in clauses (b) and (c). Further, will he consider limiting the number of people who may be involved in this activity? Surely to limit it to only the general manager would mean that if someone wanted to release it upon request, it would have to filter up through

the general manager, who would then make a decision on whether it was an appropriate case for release. Further, based on the criteria that would be provided in the act, he would release it or not release it.

Hon. Mr. Elston: With deference, while the member for Oakville was jumping up and down, he may have missed part of the explanation to the member for Carleton-Grenville. I mentioned specifically that the general manager does not do all the administration of this act. He has other duties, but there may be information required in enforcing this act by the board member who has to do the review from which he will require information.

To limit it to the general manager would not be appropriate. The minister is also involved in administering this act, particularly under sections 3a and 3b, for which the member was not here for the vote and which was passed. The general manager is not necessarily involved in the entire operation. The minister makes the determination, and there is a holdback by the general manager. To be sure, I think the people will be well served by the drafting of this act. They have been well served in the past by the Health Insurance Act. In many respects, this parallels that act. That system has worked rather well. I think this one can work as well.

For the purposes of responding just a little to the member for Carleton-Grenville, the two categories of people to whom information is being provided under sections 3b and 3c are actually the persons for whom the services were rendered or their designee. From that standpoint, that is information under the control of that particular person. That answers the question raised by the member for Carleton-Grenville.

The other person to whom information is made available is a very specific person, the board member who will be delegated the review at the request of the physician. Since the board member is operating on the request for review by the physician, it is appropriate that they be there. It is a pretty limited group of people to whom this information is to be made available, and it is quite worth while to follow this and make it a parallel section to that which is already in existence under the Health Insurance Act.

Mr. O'Connor: I agree with the minister that the persons to whom the information may be released are limited. The concern is at the other end, that the number of persons who have access to those records is unlimited; it is virtually everybody in the ministry. Given the very sensitive nature of the information we are dealing

with, medical records on people, what is the upside, what is the purpose in leaving an open discretion such that these people may or may not release it?

With the use of the word "may," what that means is they may or may not release it. There may be a clerk who is administering certain records, and when a request is made to him or her by one of the people listed in 3a, 3b or 3c, that clerk may decide for whatever reason, because there are no guidelines or no discretionary terms set out in the act, not to release that information. If we presume the information is fundamental to the rights of the person who is appearing before the board or the doctors appearing before the board, why are we leaving this open, total discretion to such a large number of people to grant or not grant access to a file?

Hon. Mr. Elston: First of all, this is OHIP information and very few people have access to that. The general manager will, obviously, and he is named specifically here with respect to that plan. The other people who are included in this are the people who are administering this act. That is a very limited number of people, although I guess the member could say they are not determined now and it could be any number, but he is going much too far.

These people cannot reveal information other than for the purposes of this act to these three categories of people. That is a very limited group of people indeed. As he has heard from the member for Carleton-Grenville, he anticipates, as I do, that it will be very few cases in which this information will be required. That being the case, however, we must make provision for those few cases.

Mr. O'Connor: Granted for the moment, I will accede to the minister's argument that there are very few people who have access to the information who will have the authority to grant it. Let us take, for instance, the general manager who, using the discretion given him in the section, refuses to grant the information requested by a member of the board or a patient. What is the remedy then of the people listed in (a), (b) and (c) to get the information, should that refusal be inane?

5:50 p.m.

Hon. Mr. Elston: Presumably, they could take the same route they would take if the general manager refused them information under the Health Insurance Act. I can get the honourable member more specifics on that if he wishes, but there may be some circumstances in which some information is sent to the health insurance people

on the basis that it is of some degree of concern on the physician's part that not all of the details of the information be released. That is probably why the "may" is in there. In the circumstances of this section, we have set out as best we can the discretion to provide the information required for this act alone. There is a determination and discretion by the general manager to provide enough information to allow the administration of the act. The general manager has functioned very well under the auspices of the Health Insurance Act so far and has used "may" sections to release information. Unless the member can cite a situation in which he has found difficulties or problems, we should allow that system to continue.

Mr. O'Connor: Interestingly, at this very moment in the standing committee on administration of justice, we are engaged in a heated debate with the Attorney General (Mr. Scott) about the disclosure of medical information to patients at their request, specifically under the terms of the Mental Health Act. The argument being made is that under Bill 7 there should be a general disclosure of medical records to people who ask for them, and that only in very specific, enumerated cases where it is harmful to the patient or perhaps physically harmful to those around him should information not be released. There are specific guidelines and criteria set out in that act determining when information should be released. The onus is on the doctor or the hospital that does not wish to release the information to establish through a review board that it should not be released.

Why should not that same philosophy, as enunciated by the Attorney General, prevail in this act? Why does it not require the general manager to adhere to some criteria if he should choose not to release the information? Surely we should start from the premise of Bill 7, the Freedom of Information and Protection of Privacy Act. That grandiose legislation of this new government states that everyone has access to his or her records unless there is some reason he should not. Why should we not carry that philosophy forward with this section and provide, first, a statement that information shall be released "unless," and then set out limited criteria when it should not be? Leaving it totally discretionary by the use of the word "may" opens it up to arbitrary hospital directors, arbitrary general managers and arbitrary persons engaged in the administration of this act to refuse the information.

Hon. Mr. Elston: The honourable member has probably gone a bit too far in terms of hospital administrators, for instance, although he may be casting his mind to the committee stage of another bill. This section deals specifically with information generated out of OHIP. There are a limited number of people who have access to that information, including the general manager, who is named here and who has functioned extremely well, unless the member knows of situations where he has not functioned well. If that is the case, then he should tell us exactly why he has determined that.

The situation has been that under section 44, as I understand it, certain people can request a list of information with respect to some of the details of treatments. What we need here is some check, and this is a check on the number of people who can have access to this information and the people to whom it is to be given. This is a limited number of people. There are really only two: the person who has received the service or the board member. Otherwise, one ends up having the person who received the service or his designated person. In any case, we have heard from previous statements that this person is still in control of his own information, which is exactly consistent with what we want to see happening.

Obviously, the member of the board needs information, or he or she cannot fulfil the mandate of doing the review requested by the physician. This will do what is required to allow us to administer the act. If the member has an amendment he would find much more helpful in the sense that he wants to broaden the information that is made available and in that sense believes there should be more provisions in here, he should make a suggestion.

Mr. O'Connor: No, I do not want to broaden the information or the number of people who should have access to that information. I simply want to take away from perhaps arbitrary civil servants, or as the act says, "each person engaged in the administration of this act"—it could be a broad number of people—the discretion to refuse people access to their files.

As I pointed out, at this very moment in the standing committee on administration of justice, we are debating what the Attorney General referred to as "a whole new era." The minister has been referring to another bill which he says has worked fine in the past. I would simply comment, that is the past. We are in the new era of freedom of information where people now have additional rights under the Charter of Rights

and Freedoms of access to their files and their records.

In the spirit of that act, I suggest we should take away some of the discretion from the general manager and other civil servants in the ministry to withhold information or, alternatively, if they are to withhold it, then build into the section some criteria to guide them in the circumstances when they can withhold it. Failing that, if we go ahead with this section as it is, I warrant that we will be back amending this section within a very short period of time at the request of the minister's own Attorney General to comply with the Charter of Rights and Freedoms.

The member's colleague the member for Wentworth North, who is sitting in the House, will confirm that is what is going on in the justice committee. Those are exactly the issues we are discussing.

Mr. Chairman: The member for Wentworth North indicated he would like to speak.

Mr. Ward: Just briefly, I appreciate the points the member for Oakville is making, but I do not think the situations are at all analogous in any way.

Mr. Breagh: On a point of order, Mr. Chairman: I do not want to be too touchy, but the member for Wentworth North—

Mr. Chairman: Yes, correct, the member for Wentworth North really should have returned to his seat upon the minister's return and made his comments from there.

Mr. Ward: I thought in committee we did not have to.

Mr. Breagh: Mr. Chairman, if you knew that, why did you allow it?

Mr. Chairman: I just noticed it as you were rising to your feet.

Mr. Breagh: Your eyes are going the way of your ears, Mr. Chairman: faulty.

Mr. Ward: I thought we were in committee. I will pass.

Mr. O'Connor: As I pointed out, the member for Wentworth North has been involved in the justice committee hearings in the past several days, and I feel he has a valid contribution to this very point. I invite him to return to his normal seat and provide that contribution. I for one would like to hear it.

Mr. Chairman: Does any other member wish to speak on this amendment?

Mr. Sterling: I have a couple of questions about clause 3d(b). First of all, I would prefer that the consent of the person to whom the

services were rendered be required in every case, whether it goes to the board or to any other individual. I want to try to explore which other people under clause (b) would receive the information. Basically, under Bill 34, one cannot reveal information about an individual unless one tells the individual why one is collecting that information in the first instance.

6 p.m.

The information we are dealing with here, which relates to a patient's condition or the prognosis or other medical information, was being collected from him in a totally different environment, and he did not expect this information to be coughed up at a later date. For instance, if he received a medical service for some kind of operation or treatment which he did not want to share with the world, he has no control over that information if it spills out either to a member of the board or to whomever is included in clause (b) of this amendment.

Maybe the minister could tell me who would fit into the category of "other than the person to whom the insured services were rendered was charged for those services." Who else would be the person who was so charged? Maybe the minister can enlighten me on that.

Hon. Mr. Elston: A parent might pay for the services rendered to a child; that is one person who would have been charged for the service being rendered. That person would then be the one to whom the unauthorized payment would be reimbursed.

Mr. Sterling: Are there any other situations other than those dealing with minors?

Hon. Mr. Elston: I am not sure what the member means.

Mr. Sterling: Are there any other people the minister would be sharing the information with, other than the parent or guardian of the child?

Hon. Mr. Elston: If there was a guardian situation where someone had taken authority for the child, obviously one gets into that situation, the idea being that we would have a situation where the person who had paid for the service would obviously know about it to begin with. That having been done, we would have to reimburse the person who actually made the payment. A parent-child situation is the most usual circumstance I can think of at this point, but it could be a situation where somebody was acting as a guardian or whatever for a child or some other person who was not capable of acting for himself, perhaps a committee for someone

who was delivered a service but who was not able to act on his own behalf.

Mr. Sterling: Would it include social agencies that would require this information and that would have paid for that service?

Hon. Mr. Elston: Such as what?

Mr. Sterling: Would a social agency that had paid for dental surgery be included in clause (b)?

Hon. Mr. Elston: What we are looking at is a person. Anybody who would be defined as a "person" would have access to that. The information at this stage is being made available to a person who already knows the service has been delivered because he made the payment. The indication in this section is that this basically operates as a consent situation; in other words, they already know. For instance, one can bring a case about an operation for someone, that it should not be revealed to anyone other than that person or the person who actually paid for the service to be delivered. He already knows it has taken place because he made the payment.

Mr. Sterling: I believe the minister has a copy of my amendment. Before I put the amendment forward, I am not married to one other person; it could be two other people or whatever.

Hon. Mr. Elston: You are not monogamous? You are not married to one other person?

Mr. Sterling: I am married to one person.

Hon. Mr. Elston: I am sorry, I misunderstood.

Mr. Breaugh: And that is only temporary. It is getting shakier as the afternoon goes on.

Mr. Sterling: The member for Oshawa (Mr. Breaugh) knows something I do not know.

Mr. Breaugh: He knows a lot you do not know.

Mr. Sterling: I do not know what is the matter with the member for Oshawa this afternoon.

I am trying to get some kind of handle on the amount of information that is going to be shared. I want some people to be responsible for handing out that information. When the minister says in a general way "each person engaged in the administration of this act" may hand out information to several categories of people, that concerns me. Therefore, I have put forward an amendment to the amendment. I believe the Minister of Health is having some talks with his officials as to whether two people can adequately handle this funnel of information or whether he needs three or whatever number.

I would like the thrust of the amendment to the amendment to say that the control of this personal

medical information would be in the hands of the general manager and one or perhaps two other people who would be designated by an order in council, so the world would know which individuals were responsible for giving out this information at any specific time.

Therefore, I ask for the indulgence of the minister in accepting this amendment as being a reasonable method of trying to control the flow of personal information dealing with medical records.

Mr. Haggerty: Would the member want the Ontario Medical Association to do it?

Mr. Sterling: It is not a question of who gets the information. It is a question of who has the information in his hands and has the right to give it out. It is very important to control that aspect of the communications process.

I do not know whether the minister would like to give me any indication of how many he needs or whether he totally rejects the proposal. Therefore, I move that the amendment to section 3d be amended by deleting "and each person engaged in the administration of this act" and adding thereto instead "one other person engaged in the administration of this act and designated by order in council."

The flow of the information will be controlled by the general manager plus one other person appointed by the government, who is also involved in the administration of the act.

Hon. Mr. Elston: I have no real problem in taking a look at it.

The Deputy Chairman: Order. The member has just presented an amendment.

Hon. Mr. Elston: I was just about to speak to it.

The Deputy Chairman: I will read it first.

Mr. Sterling moves that the amendment to section 3d be amended by deleting "and each person engaged in the administration of this act" and adding thereto instead "one other person engaged in the administration of this act and designated by order in council."

Mr. Breaugh: Mr. Chairman, before you begin this debate: before we started last week, the leader of the Tory party said he was going to deny the civil servants their paycheques if he did not see in advance in writing all the amendments on this bill. Do you mean to say that today there has been such a dramatic reversal by that party that its members will come in here, scribble amendments on a piece of paper, hand them around and you are going to accept them?

The Deputy Chairman: The motion is in order and the amendment to the amendment is in order.

Mr. Breagh: Is not the Leader of the Opposition, the member for St. Andrew-St. Patrick (Mr. Grossman) going to come in here in a rush this afternoon and scold us all for proceeding with amendments in this manner without prior notice, as is required under the standing orders?

The Deputy Chairman: That is not a point of order.

Hon. Mr. Elston: I have no real difficulty with the essence of the amendment. Designating somebody by order in council makes it a little bit more difficult, but I would not be averse to having somebody being designated by the minister, for instance. That also limits and sets out some of the concerns that were expressed by the member for Lincoln and the member for Oakville, who is obviously tired from standing up and sitting down so often while trying to get on the floor.

If the member wanted to have that written, we could put it as "such other person as the minister designates in writing." If that is an acceptable idea, that might be more agreeable.

Having heard the member for Oshawa mention the back of cigarette packages, I understand it was Bill 100 that attracted similar activity in the chamber at another time. However, this is not that bill; this is Bill 94. I would be prepared to have words along the lines of those I just said replace what the member for Carleton-Grenville placed in front of us.

6:10 p.m.

Mr. Sterling: Mr. Chairman, I would like to withdraw my amendment to the amendment and replace it with "one other person engaged in the administration of this act and designated in writing by the Minister of Health," if you will accept it when it is not in writing.

The Deputy Chairman: Can you put it in writing and send it to the table.

Mr. Andrewes: While we are waiting for the amendment, this point is not on the amendment, but I wonder if I could just clarify one thing with the minister, with your permission, Mr. Chairman.

The Deputy Chairman: Yes.

Mr. Andrewes: In the body of the minister's amendment, the wording is almost identical to subsection 44(2) of the Health Insurance Act, except it begins by saying that the general manager can make available to these people

"information pertaining to the nature of the insured services."

Why is the last paragraph of the amendment broader than subsection 44(2) of the Health Insurance Act, where the wording is almost identical, except that it says in this section "information pertaining to the nature of the insured services, the date or dates on which the insured services were provided" and so on. The section is a little more definitive here in terms of the information, because it deals with the nature of the services. What was the minister's intention in broadening it?

Hon. Mr. Elston: The information on the nature of the services is required if we are going to advise the board member what the payment was under the OHIP schedule of benefits and what was actually charged. We cannot make a determination about the charges and whether there were unauthorized payments unless we know the nature of the services.

Mr. Andrewes: Why?

Hon. Mr. Elston: Because the nature of the services determines what the schedule of benefits pays under OHIP.

Mr. Andrewes: We have services that are defined by some code. Clearly, the judgement that the appeal board will be making will be based on whether the fee charged for the services, as defined by the code, is higher than the fee that is allowed.

If I keep talking, the minister may find his way back to his seat. Should I start reading the Health Insurance Act? I have it here in front of me. I could start by reading section 44. It is a moot point anyway.

I simply want to know, when the board is sitting on an appeal, why does it need to know the nature of the services? Surely all it needs to know is whether a fee above what OHIP allows to be charged for the services was charged.

Hon. Mr. Elston: That is right, except the board has to examine whether the nature of the services provided complied with the schedule of benefits. The board cannot make a determination other than on the basis of the services that were provided. That is the information that is needed. I do not know how else to describe it to the member. If the board does not know what services were provided, how does it know where to look in the schedule of benefits? It must know the nature of the services.

Mr. Sterling: While we are waiting for the amendment, I would like to clarify this. When we are talking about the nature of the service,

which was not formally under section 44 of the Health Insurance Act, as I understand it, that part of the service could not be disclosed. Can the minister follow through what would happen if there was a charge over and above what a doctor was supposed to charge under this act and a prosecution resulted? Would that information eventually come out in a public court hearing?

Hon. Mr. Elston: Like any other court proceeding, I would think it could, but with respect to the courtroom procedure, somebody could ask that the information be dealt with in a sensitive way in a courtroom setting. One of the reasons sections 3a and 3b were so necessary was to ensure there was an administrative mechanism by which we could enforce the act and which might obviate the necessity of going in front of the court. This will provide us with a lot of opportunities to get away from the courtroom proceedings.

The member will understand, as I do, that we want to take all possible options to make this a patient-friendly statute. This information, under the disclosure of information section we are moving, does that and limits the circumstances in which that information will get out into the public. It limits it in the original review situation to that board member.

Mr. Sterling: For instance, if there had been a service to a young woman to receive a therapeutic abortion and the doctor, clinic, hospital or whatever overcharged, and then a charge was laid under Bill 94 resulting from the amount paid to the surgeon who dealt with this particular matter, is the minister telling me that information through this section could pop out in a court somewhere? Is that correct?

Hon. Mr. Elston: If there is a court situation, it would have to be made available for a judge to make a determination, but there is also room, as the member knows, for a motion that the information not be made public out of the courtroom. There could be a motion that there be no reporting of sensitive information. I presume it could be done in a fashion similar to that which is already carried on under the Young Offenders Act or otherwise.

Mr. Sterling: I would like to move an amendment to the amendment.

The Deputy Chairman: Mr. Sterling moves that the amendment to section 3d be amended by deleting "and each person engaged in the administration of this act" and adding instead thereto "and one other person engaged in the

administration of this act as designated in writing by the minister."

Mr. Sterling: I think I have adequately explained my concerns. I would just like to thank the minister for his understanding and co-operation.

Hon. Mr. Elston: In terms of having one person, it makes it a little more difficult if the person is ill, but I think usually the way we do it is "such other person as the minister designates." I am not going to argue over one or two. Presumably the minister would also be entitled to provide information to the board member. Is that the understanding of the mover of the amendment?

6:20 p.m.

Mr. Sterling: To clarify this, if the minister reads the amendment in context with the section, it names the general manager and one person; so that makes two people who can divulge the information. It is a matter of contracting it from everybody to two people. This section would not allow the minister to divulge that information, as far as I know. Even under his section, I do not believe he would have that right.

Hon. Mr. Elston: I am such a person under that section in the administering act.

Mr. Sterling: Is the minister engaged in the administration of the act?

Hon. Mr. Elston: Yes. Presumably, I would be making a decision under section 3a, which says, "Section 3(1) shall be deemed to be complied with if the minister has entered—"

The Deputy Chairman: Will the minister please rise?

Hon. Mr. Elston: Do I have to?

The Deputy Chairman: Yes.

Hon. Mr. Elston: I am sorry, I was just going to read subsections 3a(a) and (b) here. The minister has a function in the administration of this act. I was reading the amendment of the member for Lincoln and not my own.

In 3a(1) it says, "Where the minister is satisfied that a person has paid an unauthorized payment..." So the minister is involved in administering the act. I am not saying the minister should not be precluded. Maybe it should be one other person and the minister. I had not looked at that part of the opposition's section when it was drafted.

Mr. Sterling: I have no objection to the minister being included.

Mr. Breagh: They are not paying him by the hour. Is this an hourly rate?

Mr. Sterling: To the member for Oshawa, the hour is getting late.

Mr. Chairman, I would like to withdraw the amendment to the amendment and replace it with the amendment which I will forward to you immediately.

Mr. Breugh: Mr. Chairman, on a point of order: I never thought I would live to see the day, but it finally has happened. The Legislature of Ontario has ground finally and conclusively to an immediate halt. It has happened by means of members simply strolling in, writing amendments by hand, arguing about them for some time, withdrawing them and putting in amendments to their withdrawn amendments. This is totally ridiculous.

Mr. Sterling: It was the New Democratic Party which was so anxious to get this matter back to the committee of the whole House because it deemed the matter would be dealt with much more rapidly here in the Legislature. Our party took the position—

The Deputy Chairman: Order. You have an amendment. Will you please introduce it? Do you have an amendment?

Mr. Sterling: Yes, I do. It is right in front of you.

The Deputy Chairman: Did you withdraw your previous amendment?

Mr. Sterling: Yes.

The Deputy Chairman: Mr. Sterling has withdrawn his previous amendment.

Mr. Sterling moves that the amendment to section 3d be amended by deleting “and each person engaged in the administration of this act” and adding thereto instead “the minister and one other person engaged in the administration of this act, as designated in writing by the minister.”

Are there any further comments or questions with respect to this amendment?

Motion agreed to.

The Deputy Chairman: Hon. Mr. Elston has moved an amendment to add section 3d, as amended, to the bill.

Motion agreed to.

On motion by Hon. Mr. Elston, the committee of the whole House reported progress.

The House adjourned at 6:27 p.m.

ERRATA

No.	Page	Column	Line	Should read:
27	1210	2	22	four weeks to 16 weeks of pay maximum for up to 35 years of service. Full pension at 62 years, if qualified, will be multiplied by \$13 per year of service or \$455 for 35 years of service.
27	1230	2	3	join those at the Elizabeth Bruyere Health Centre in

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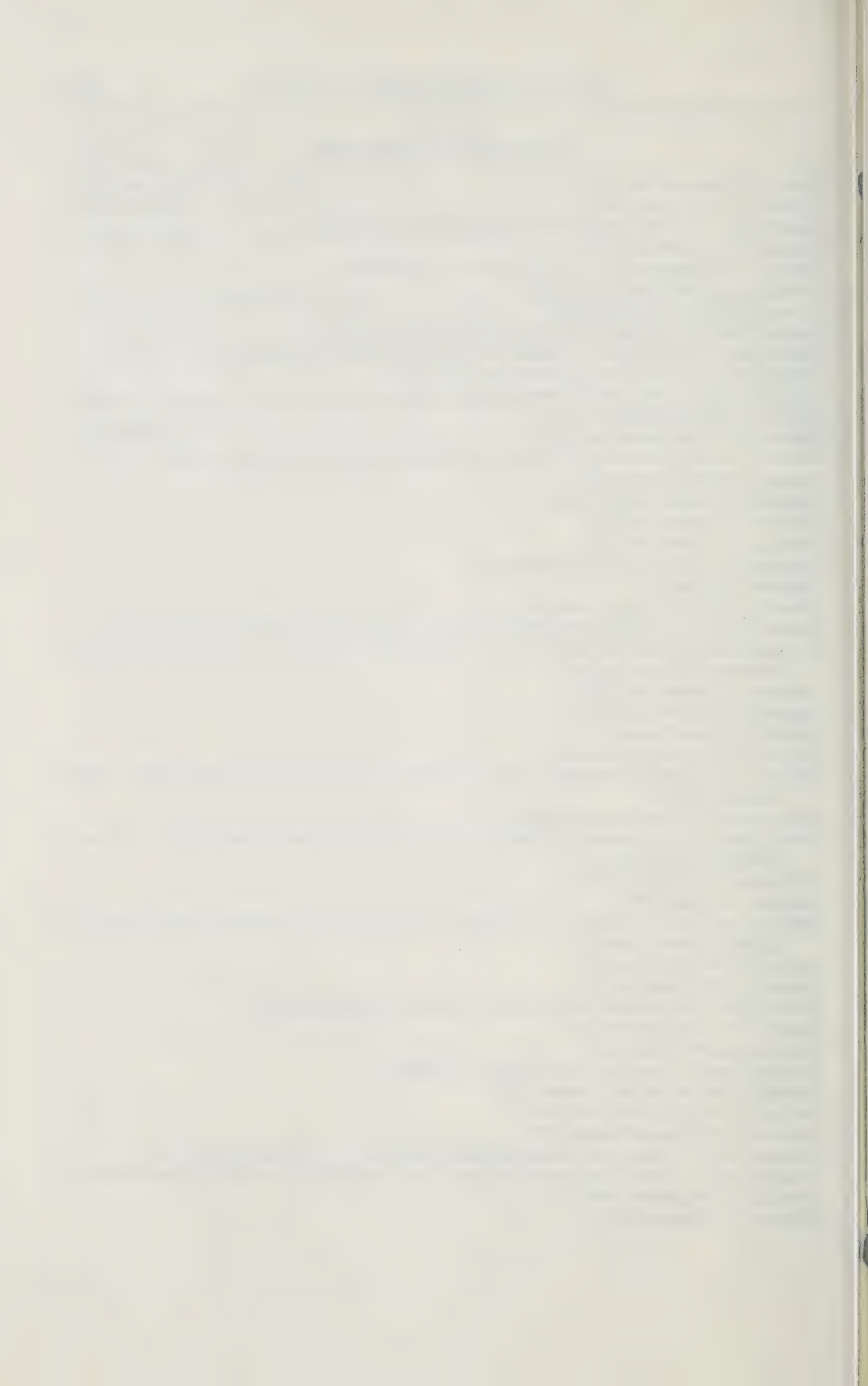
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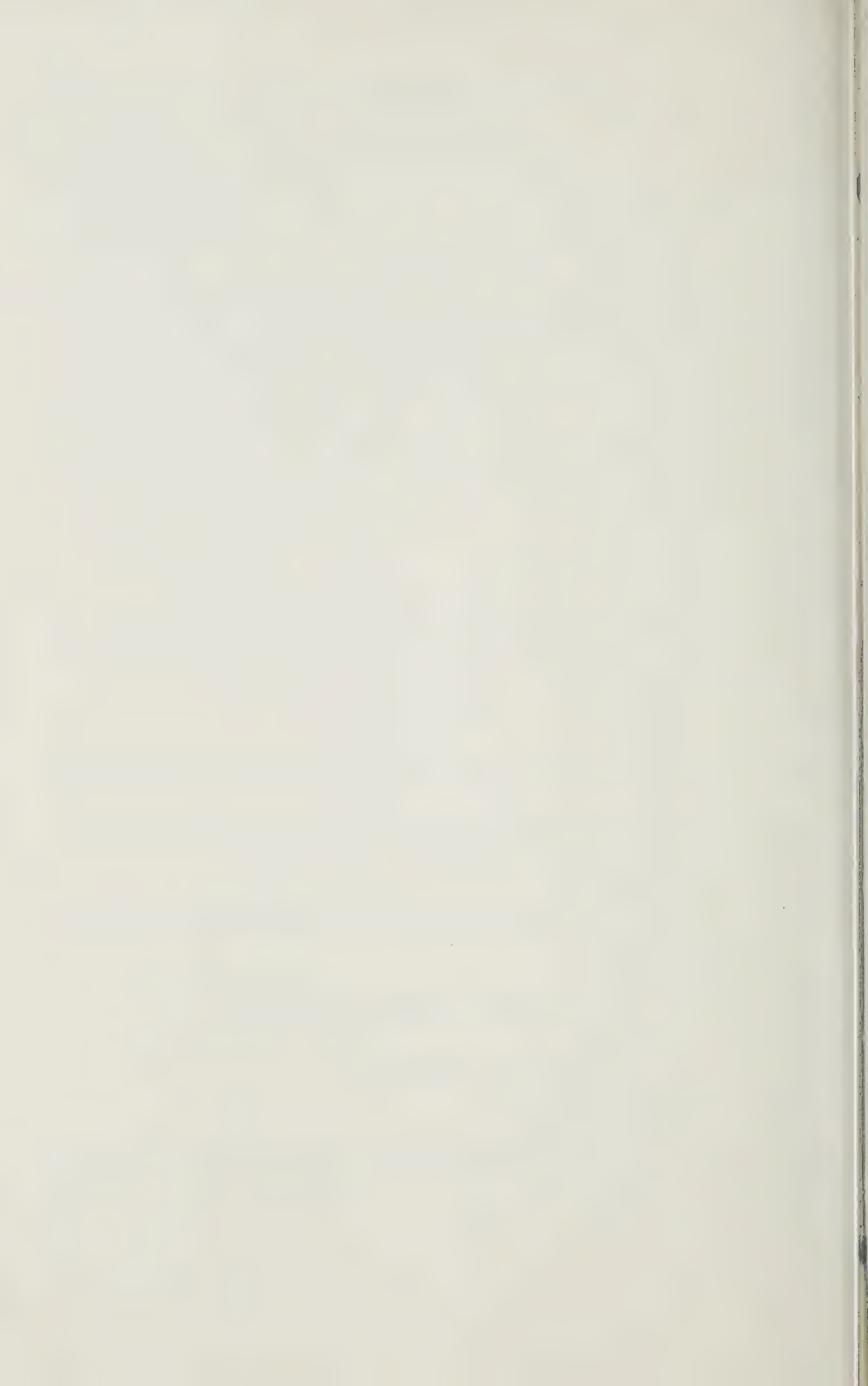
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No. 30

Hansard

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Legislative Assembly of Ontario

Second Session, 33rd Parliament
Wednesday, June 11, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday, June 11, 1986

The House met at 2 p.m.

Prayers.

MEMBERS' STATEMENTS

WORKERS' COMPENSATION BOARD

Mr. O'Connor: Paul Nicholls, a constituent of mine in Oakville, who is president of Metal Panel Installers Inc., has brought to my attention a bureaucratic entanglement with the Workers' Compensation Board.

Mr. Nicholls was recently assessed a late payment fee of \$313.17 relating to his employer premiums. His cheque, due on May 20, was mailed on May 15. Because of the inefficiency of the post office, this cheque was not received by May 20, resulting in the penalty.

This gentleman, who has not been late with a payment to the WCB in 14 years, was told by an employee at the board, "You should know better about the mail." It seems strange that the regular mail is a satisfactory method for the WCB to send out its invoices, but according to the board, those who remit the premiums should know better than to use the same system.

Further, upon inquiry, he was informed he would be responsible for payment of a WCB invoice sent by regular mail whether or not he received it on time.

I suggest to the Minister of Labour (Mr. Wrye) that he look into this matter. It was not unreasonable for my constituent to assume that a letter going the great distance of 28 miles would be received in five days, as it had each month for the past 14 years. If the WCB, using the same system, will not make allowances for its invoices arriving late, it can hardly expect that the employers using that system should be required to pay additional fees for circumstances beyond their control.

PROPERTY ASSESSMENT

Mr. Lupusella: The political hot potato of Metro property tax assessment is again being tossed from hand to hand, and no one yet knows where it will stop. Even the member for Downsview (Mr. Cordiano) has to ask in the House about his government's intentions. The Liberals will fumble this tough issue unless they

are prepared to deal with the fundamental inequities of the property tax system.

Property tax needs an overhaul because it is the most regressive of our taxes. An unemployed worker has to pay taxes similar to those of a professional living on the same street. Retired people living in a newly fashionable downtown neighbourhood are saddled with high taxes because their street address has become trendy.

A market value assessment imposing tax hikes of 100 to 200 per cent on some Metro properties will not solve this problem. We need a government with a firm resolve to create a new system for the financing of education and social services. This has been the NDP position on the property tax question.

To date, the Liberals have shown no sign they possess the will to solve this problem. At this time, the government has a constructive property tax proposal made by the recent Commission on the Financing of Elementary and Secondary Education, which called for an education tax on personal income.

Mr. Speaker: Order. The member's time has expired.

L'ASSOCIATION CANADIENNE-FRANÇAISE DE L'ONTARIO

M. Poirier: C'est avec une grande fierté que je désire souligner l'appui concret et significatif de mon gouvernement auprès de l'Association canadienne-française de l'Ontario.

En effet, ma collègue la ministre des Affaires civiles et culturelles (Mme Munro) annonçait récemment qu'elle accordait deux octrois majeurs à l'ACFO: un premier octroi, de l'ordre de \$100,000, afin de l'aider dans la planification et la gestion de la Fondation franco-ontarienne, et un deuxième, de l'ordre de \$169,200, afin de l'aider à acquérir son propre édifice pour y loger, chez lui, son siège social provincial.

L'ACFO fut créée en 1910 afin de concerter les besoins de la communauté franco-ontarienne et de les revendiquer auprès des gouvernements. L'ACFO, au cours des 76 dernières années, a toujours agi d'une façon professionnelle et constructive dans la communauté, tant francophone qu'anglophone. Elle a su bien représenter les quelque 500,000 francophones de l'Ontario,

la plus grande communauté franco-canadienne hors Québec.

Mon gouvernement appuie, et continuera d'appuyer à un niveau jamais égalé dans le passé, l'ACFO et la communauté ontarioise.

INSURANCE RATES

Mr. Partington: Because of the dramatic increases in the insurance premiums that are demanded of greenhouse growers, this valuable Ontario industry is being severely damaged. In the Niagara region alone, the annual gross revenue generated by the greenhouse industry is \$25 million more than the wine industry. It is the only agricultural industry not subsidized by any level of government and which has been excluded from participating in the agricultural assistance programs.

Mr. and Mrs. Tjakko De Raaf, along with their two sons and daughter-in-law, operate a small family greenhouse operation in St. Catharines. In 1985, they paid \$4,500 to insure their home, car, farm buildings and greenhouses. In 1986, they were told the insurance for their greenhouse alone would be \$18,000. They must have insurance or they will default on the mortgage on their property.

The insurance rates for the greenhouse of René Koole in Creekside Gardens jumped from \$17,000 to \$51,000; Harry Van Egmond's from \$3,000 to \$13,000; and Mr. Van Egmond's brother's insurance from \$3,500 to \$14,000. On and on it goes. There are increases in insurance rates of 500 per cent, which cannot be absorbed by these hard-working independent growers. Something must be done to protect these people and the greenhouse industry.

CHILEAN WINES

Mr. Warner: Chile is now experiencing a profound political, economic and social crisis. The government has closed the doors to dialogue and responds with increasing repression. No positive solution is offered to the ever-increasing difficulties posed by the huge foreign debt, unemployment of one third of the work force, a massive internal debt, which has ruined years of hard work, business and labour, a housing shortage of close to one million units, the dismantling of a health and education system which was once the pride of the nation and a role model for the rest of Latin America, and labour legislation that seeks to dismantle a trade union movement.

Instead of attempting to deal with the problems, the government insists on economic and

political models that lead to the perpetuation of General Pinochet's regime by the use of force.

A delegation from the trade union movement of Chile was here today. They are asking for our support and our solidarity in the cause of the freedom-loving peoples of Chile. I call upon us all to support the people of Chile in their struggle for a truly democratic nation. I call specifically on the government to add substance to our solidarity by banning the sale of Chilean wines in the Liquor Control Board of Ontario stores. I ask for us all to stand in support of the people of Chile as they struggle valiantly for their freedom and for a democratic way of life.

2:10 p.m.

FREE TRADE

Mr. D. R. Cooke: Many residents of Ontario are seriously concerned about the present freer trade negotiations with the United States. It is fortunate that our government will be making submissions to the Canadian trade negotiator through our negotiator, Robert Latimer. It is important that both the US and Canadian governments realize that the provincial governments make the final decisions in many of these matters, including softwood lumber, and that we should be consulted if there is any concern about these matters.

It is important that both countries realize that the US trade deficit is not the result of American trade policy or evidence of a need to realign trade relationships. It is simply a reflection of the US macroeconomic policy, the delayed recovery of western Europe and the low import penetration of Japan. No matter how dramatic the US trade deficit, it is a cyclical economic problem.

It is important for both the US and Canadian governments to realize that the US and Canada are both undergoing profound structural changes that are affecting the Canadian economy more than that of the US. It is important for both the US and Canadian governments to realize that right now what is on the bargaining table as far as the US is concerned is the American way of life.

LOGO

Mr. Barlow: All members of this assembly are aware of the high recognition factor, not only provincially but also nationally and internationally, that the Foodland Ontario logo has. This is largely because of the foresight and outstanding promotional skills of our former Ministers of Agriculture and Food.

I am sending to the Minister of Agriculture and Food (Mr. Riddell) a letter I received from a

friend who is working at present in England for his employer, Shaver Poultry Breeding Farms of Cambridge. Attached to the letter is the plastic wrap from Ontario-grown apples, which proudly displays the Foodland Ontario logo.

With this, I send a very clear message to our present Minister of Agriculture and Food and to his colleagues not to consider tampering with the success of the Ontario logo but to keep the trillium blooming in the markets of the world. It is easily recognized and stands for outstanding quality.

MEMBER'S ANNIVERSARY

Hon. Mr. Nixon: Mr. Speaker, I hope you and the honourable members of the House will give me unanimous consent to bring to your attention the fact that today marks the 27th anniversary of the election in 1959 of our good friend the member for Windsor-Walkerville (Mr. Newman).

Mr. Speaker: I understand there is agreement.

Hon. Mr. Nixon: If you will permit me to say a word or two, Mr. Speaker, the honourable member I have referred to is a good and personal friend of all members of the House. He is not quite the dean. I believe his term of service is second in seniority to the member for Elgin (Mr. McNeil). The two of them and others here with long-service records have had experiences that should be recounted at least in footnotes of history because they have involved themselves in the emerging policies over these many years in a way that does credit to them and to the democratic process.

The member for Windsor-Walkerville was a high school teacher, a calling above which I recognize none other. He was also deeply involved in student athletic activities and became so well recognized in this regard that he was an Olympic coach in gymnastics and attended world-class meets, including the Olympics in various foreign capitals.

Besides this, his reputation at the local level was such that he was readily elected in 1959, in a Liberal sweep of 12 members, I believe, and took a prominent place in the opposition caucus. The record of his performance in the Legislature is impressive.

On a personal basis, during some of the tougher days in my political career in opposition, he was a tower of strength, both by way of advice and in friendly and personal support, which I want to acknowledge to him and to his friends in the House in a very sincere way.

I appreciate the fact that he has continued to contest the constituency successfully on behalf of the Liberal Party and we, on this side of the House at least, hope his commitment in that regard will continue for many years to come.

Mr. Harris: It is indeed a pleasure to rise on behalf of my party in revered recognition of our member with the second longest standing in the Legislature—27 years. For a young rookie like me, with hardly a grey hair in my head, who has only been here for a little longer than five years and knowing the demands of service to one's province and one's constituency, it is very difficult to comprehend how one could maintain one's sanity through that length of time, let alone be a stalwart member on behalf of his constituents.

He excelled as a teacher, as mentioned by the government House leader, a profession I suggest leads to excellence in any other career one might presume to follow. Striving for excellence and achieving it as an athlete and a coach, he has obviously achieved it in politics as well. Partisanship aside, he has been a friend to all members of the Legislature, some of whom have been here longer than I and some for less time than I. I have seen that friendship and desire to work co-operatively for better government. Barring a major sweep and change in the tide of political fortunes in Ontario, which I think is very likely but which some may prefer not happen, after the next election I am not sure on which side of the House the member will sit, but I am sure he will be here. We will look forward to that as well.

Mr. D. S. Cooke: I would like to honour the member for Windsor-Walkerville on behalf of our party. The first time I met him was in 1967. He probably does not remember, but he substitute-taught at my school when I was in grade 9. He came in for one day, and the first thing he did was circulate a list and ask everyone to put his name, address and birth date on the list. Until October 1976 when I was nominated for my party, I continued to receive birthday cards from him. In addition to teaching me the one day, the member taught my dad for a longer period at W. D. Lowe Secondary School. He taught him gymnastics. I know the member had a special relationship with his students.

Over the years, the member's involvement in our community has been substantial in municipal politics and provincial politics. I believe he took the riding from the Tories, and the Tories have not had too many successful elections in our community since. I would like to see the balance a little more even or perhaps a little more on our

side at the provincial level; we know of our party's success federally. There were many elections when we thought we had the member for Windsor-Walkerville. I believe in the last election the party to my right thought they had him, but he succeeded in winning re-election.

I suspect there will be many tough battles in the years to come. I do not foresee that the honourable member will retire, but we will continue to put up good candidates and continue to have good fights with him. In the meantime, I continue to look forward to seeing the honourable member at all of the social functions that he attends as a local member of the Legislature and working closely with him to fight for our community. Congratulations.

Hon. Mr. Wrye: Very briefly, as the third member for the city of Windsor, I want to join in the tributes to my colleague and friend the member for Windsor-Walkerville on this very important day. I join my friend the opposition House leader in marvelling at how the member for Windsor-Walkerville has withstood and continues to go forward with such a positive demeanour after some 27 years in these hallowed halls.

I know that many a member, probably not only on our side but also on the opposition side, can tell many stories of having just been elected to the Legislature, and when trying to learn a few of the little tricks of the trade that politicians learn, being sent to see the member for Windsor-Walkerville and being told how one ensures that scrolls are properly done and acknowledgements are made not only for birthdays, but also for other very important events.

I might note that on Saturday last, as was typical, I was to deliver a scroll in my own riding. I went to the door, and the individuals pointed out not only how pleased they were to receive the scroll from the government of Ontario, but also how pleased they had been the week before to receive the honourable member's own personal card of acknowledgement on their 50th wedding anniversary.

Over the years, I know people have come to know the honourable member as that kind of a caring individual. He is an individual who is known by virtually everyone in our constituency and in our community. He is one who is highly regarded as a real gentleman and a real friend, who works tirelessly night and day—and I mean that literally—seven days a week—and I mean that literally—on behalf of the constituents, not just of Windsor-Walkerville but all the constituents of Windsor.

To my legislative colleague and my good friend, happy anniversary on this 27th anniversary in the Ontario Legislature.

Hon. Mr. Scott: On a point of order, Mr. Speaker: All these tributes, which are well-intentioned and fine, have missed a major point, which is that the honourable member spent only \$12,000 to get here, which is less than any other person in the House did. As a person who stands for moderation and fiscal management in these matters, I have to congratulate him.

Mr. Speaker: I am certain the House will agree with the Speaker if I asked the member for Windsor-Walkerville if he would care to make a comment in response.

Mr. Newman: Thank you very much for those kind words, Mr. Speaker, and I thank those others who also had the opportunity to say a few words.

Fortunately, when I went into political life, I went in for one purpose, which was to see if I could serve my fellow man. That has been my sole reason for being here, even until today. I could do a lot of other political things and I could tell members all kinds of gimmicks and so forth concerning the political arena, but I am not necessarily interested in that. I am interested in the fact that constituents come to my office, and they come in, I can say, almost in droves on Saturdays. I am religiously there in an attempt to serve them, because I get a big kick out of being able to help an individual. I have always had that approach.

The one regret I do have in life is that my good wife is not around to hear these plaudits from my fellow colleagues. It has been a pleasure to be able to serve, to be associated with so many nice ladies and gentlemen in the House, including members at the table, who have also helped me whenever I needed help. I thank everyone for being so kind to me. God bless you.

VISITOR

Mr. Ferraro: On a point of order, Mr. Speaker: That is a tough act to follow, but it is my privilege today to stand and acknowledge the presence in the members' gallery of a distinguished municipal politician. I hope the House will join me in welcoming to this Legislature the mayor of Niagara-on-the-Lake, Jim Marino.

2:26 p.m.

STATEMENTS BY THE MINISTRY AND RESPONSES

INDIAN BAND AGREEMENT

Hon. Mr. Scott: It will be my pleasure later today to introduce the English and Wabigoon

River Systems Mercury Contamination Settlement Agreement Act, 1986.

My colleagues will recall that on November 25, 1985, I announced in this House the signing of a memorandum of agreement which was negotiated by representatives of the government, the Islington and Grassy Narrows bands, Great Lakes Forest Products Ltd., Reed Inc. and the federal government. This legislation is necessary in order to give effect to the terms of that memorandum of agreement.

The settlement calls for payments of \$16.7 million to the bands involved. As previously announced in the House, the breakdown of payments is as follows: Great Lakes will contribute \$6 million, Reed will contribute \$5,750,000, the federal government will contribute \$2,750,000 and Ontario will contribute \$2,167,000.

Two million dollars of these moneys will be used to capitalize a mercury disability fund, which will be administered by a board, so band members will be eligible to receive compensation if they suffer from both exposure to mercury and symptoms consistent with mercury contamination. In the event that \$2 million is not sufficient to capitalize the fund and more money is needed, Ontario has agreed to be responsible for topping up the fund.

To expedite the settlement of this matter, Ontario has agreed to enact legislation to establish the Grassy Narrows and Islington Bands Mercury Disability Board, under whose supervision the disability fund will be administered. In addition, in order to bring finality to this matter, the Islington and Grassy Narrows bands have agreed that all existing and future rights of action of the bands and their members are to be abolished. Accordingly, the provincial and federal legislation required to implement this settlement has abolished these rights of action.

Understandably, both these Indian communities are anxious to see this agreement fully implemented. The monetary contributions by the parties and the establishment of a mercury disability fund will provide some of the resources the communities require to take control of their futures successfully. The bands will each receive approximately \$7 million for their own use, the bulk of which I understand will be put towards social and economic projects, which we hope will greatly further the efforts these bands are making towards restoring a sense of control over their own destiny.

Accordingly, I will be asking the members of the Legislature for their full co-operation to

ensure that this legislation will be passed and final settlement of this matter, after 17 years, reached prior to the end of this session of the Legislature. Members of this Legislature are aware that this has been a long and tortuous process. I anticipate the support of and speedy approval from all sides of the House so we can begin to compensate these citizens who have suffered terribly from the pollution of their environment.

Some form of justice to these people who have had their lives so tragically affected through no fault of their own is long overdue.

Mr. Shymko: We are delighted by the statement made by the Attorney General and minister responsible for native affairs about compensating the victims of mercury poisoning. However, in expressing our delight, I want to share some concerns.

First, we found out about this statement and the introduction of this bill from the negotiator for the two bands, John Olthuis, via a telephone call about an hour ago. We are concerned that the negotiator for the two bands knew about this some days ago, and I understand the leader of the third party also was aware some time ago of both this statement and the bill. Notwithstanding the approach of open government, this is getting to be ridiculous. The leader of Her Majesty's opposition was not aware of this, and I want to express concern. There should be some protocol and a responsible approach to such major issues and statements.

Mr. Wildman: If you guys were less worried about protocol and more about—

Mr. Speaker: Order.

Mr. Shymko: Second, notwithstanding some of the uncalled-for interjections from my left, I want to assure the Attorney General that he will have full co-operation from this party. However, he sets the agenda and the priorities of legislation in this House. I would have appreciated it had he stressed that he wants this passed in the next week or week and a half so that it may receive royal assent before the House recesses at the end of June.

I express the concern of the chiefs of the two bands in that they want this legislation to be unchanged so there are no surprises, and once again I stress the urgency for passage of this bill, which has been negotiated since November and for some time by the previous government.

Mr. Pouliot: Mr. Speaker, on a point of privilege: I am appalled and shocked at the personal attack—no words are too strong—by

virtue and reason of the comments I was subjected to when the previous speaker mentioned that we had "been aware" of negotiations going—

Mr. Speaker: Order. I appreciate the member's comments. It is not a point of privilege. It is a point of view.

Mr. Rae: First, I want to comment on the statement made by the Attorney General and, if I may, clear up what was a genuine misunderstanding between the member for Oakville (Mr. O'Connor) and me. He asked me whether I was aware of the statement, and I replied to him that I was not aware of the statement but that I had had previous discussions with Mr. Justice Hall, which I have.

I was briefed when the member for Don Mills (Mr. Timbrell) was the minister responsible for native affairs in that very brief interlude now known affectionately as the last days of Pompeii. It was a refreshing change from the previous four years, but there was a brief time when, for some reason, our opinion was taken seriously by the Conservative Party. During that time, I was briefed by Mr. Justice Hall with respect to the framework of the negotiations. I know the member for St. David (Mr. Scott) was involved in those discussions as well.

As for the actual announcement today, I am as taken anew by it as anybody else, and I do not take particular offence in that regard. We have had ongoing discussions with the band. We have had an ongoing relationship with those involved in the negotiations for many years. If I may say so, and I say this in the presence of my colleagues the member for Lake Nipigon (Mr. Pouliot) and the member for Algoma (Mr. Wildman), who have acted so effectively as critics in the field of native affairs, I think of the work that has been done by my most distinguished predecessor, Mr. Lewis, who for many years shook the conscience of this province with respect to the problem of mercury pollution and the particular tragedy affecting the band.

We are relieved that there has finally been a resolution of this question, a resolution that appears to be satisfactory to all the parties involved. We will be scrutinizing the legislation and discussing it in some detail with all those who have been involved in the negotiations.

I do not think this is a time for us to be congratulating ourselves. The process has taken far too long, it has been far too protracted and it has put far too many people at a tremendous disadvantage. There has been far too much personal tragedy and far too much loss of life in

terms of what has taken place over the past 15 years and in terms of lost hopes and shattered dreams, for any of us to feel that today is anything other than a time of relief. It is a time for us to commit ourselves once again to the cause of increasing the autonomy and increasing the real ability of native people to provide for themselves. It is a commitment to the principles of independence and dignity, which are so important to all the people of this province; a commitment to the idea and the notion that we must give the means, the economic tools, for our native people to be able to stand tall in this province alongside everyone else.

I take this settlement as the beginning of a commitment by the people of this province, not just to talk about native rights and about the past 200 or 300 years of wrong but also to start to deal with the real tragedy; that is, our continued failure to give the native people the means to deal with the issues that face them and to deal effectively with their own economy and their own future. That is what the debate should be about.

I am relieved that this has been done, but it is just the beginning of the negotiations, discussions and, yes, transfers of real wealth that have to take place if we are going to resolve the tremendous challenges and difficulties facing so many of our native people.

SECURITIES INDUSTRY

Hon. Mr. Kwinter: I make this speech in my capacity as Minister of Financial Institutions.

The speech from the throne indicated that "regulations concerning the securities industry would be introduced to ensure Ontario's ability to compete in a changing internationally competitive environment."

Users of capital and investors in this province have been well served by our securities industry over the years and have benefited from access to one of the best capital markets in the world. Increasingly, however, the securities market is becoming an international global market, and this is generating the need to adapt and compete.

To meet these challenges, I am announcing that the government has decided to adopt in principle the main recommendations of the report of the Ontario Securities Commission with respect to entry into and ownership of the securities industry. These recommendations will allow limited participation by foreign securities firms and by domestic financial institutions and nonfinancial investors.

These measures are designed to ensure the growth of Toronto as a major centre of international finance, while maintaining the essentially Canadian character of the securities industry.

Let me first address the new provisions that will apply to foreign investment in the industry. Nonresidents will be allowed to own up to 30 per cent of a securities firm. Alternatively, a nonresident may choose to register as a foreign securities dealer. The total capital of such foreign dealers, however, will be limited to 30 per cent of the total industry capital, and any one foreign dealer will be limited to 1.5 per cent of this capital. Additionally, nonresident entrants will be required to meet defined standards of performance prior to being registered.

It is important to recognize that many nonresident firms are already active in the securities business in this province, dealing in the exempt market that accounts for approximately one half of all trading generated in this province. Under our new policy, all participants in the exempt market will be registered and will be subject to the provisions of registration.

We will also be opening the industry to Canadian financial institutions—banks, insurance companies and loan and trust corporations. We believe domestic investment in the securities industry is desirable and should be encouraged. While we have set a 30 per cent ownership limit for nonresident investors, we are prepared to discuss allowing Canadian financial institutions to obtain an even higher ownership level.

Our major financial institutions are world-class players and their entry into the securities industry is, in our view, essential to the growth of Toronto as an international financial centre. At a minimum, we will be permitting them to own up to 30 per cent of a securities firm.

It is our preference that domestic financial institutions be allowed to enter the securities market at the same time as changes come into effect for nonresident companies. To permit ownership of securities firms by these institutions to the levels contemplated in this new policy will require amendments to the various provincial and federal statutes governing their investment and corporate powers.

For our part, we will introduce enabling amendments to the Loan and Trust Corporations Act and the Insurance Act as a priority matter, and we encourage the federal government to expedite amendments to its relevant statutes, including the Bank Act. We hope early changes to federal legislation will be forthcoming.

In addition, this domestic investment policy will also apply to Canadian nonfinancial firms investing in the securities industry. Our regulations will ensure that appropriate checks and safeguards are in place to address any self-dealing or conflict-of-interest concerns.

The adoption of these principles relating to the ownership of and entry into the securities industry leaves many important matters of implementation and of developing ongoing rules to be settled. I have met with securities industry representatives to discuss these matters, and I have directed the Ontario Securities Commission to work closely with them in drafting the regulations. It is our objective to have the regulations available in draft form by the early fall to meet a target date of January 1, 1987, for implementation.

I will also be setting up a committee composed of representatives of the Ministry of Financial Institutions, the Ontario Securities Commission and the securities industry to monitor the working of the new rules and to report to me on a semi-annual basis. In this way, changes may be made as deemed appropriate to better serve Canadian issuers and investors.

We are living in a time of rapid change in world financial markets. The adoption of the principles I am announcing today are designed to ensure that our financial markets are so structured that Toronto will be able to maintain its rightful place not only as the centre of Canada's capital markets but also as a major international financial centre.

Mr. Runciman: I would like to make a few comments on the statement made by the Minister of Financial Institutions. I am taken aback by the foreign ownership aspects of the minister's proposal. We all know his colleague the Premier (Mr. Peterson) has expressed concerns about foreign ownership and trade. We also know the Treasurer (Mr. Nixon) has stressed the need for Ontarians to invest in Ontario and has brought in measures to meet that need. In that context, I cannot understand how the minister can advocate increased foreign ownership of securities companies or of any other company for that matter.

The Premier also made much of his desire for Ontario to play a full role in trade talks with the United States. He says he wants Ontario to be consulted at every step of negotiations. Yet, without consulting the federal government, his government is announcing changes that have international and national implications. Obviously the Premier is all for consultation, but only when it suits partisan purposes.

Canadians are a nation of savers. That has been well documented on many occasions. There are two ways of dealing with it: either ease restrictions on foreign investment or devise ways to get Canadians to invest in businesses. The minister has chosen the former option, the path of least resistance.

Turning to the ownership of investment companies by other financial institutions, I believe there are many dangers which the minister will have to address. The first is the familiar problem of self-dealing which can occur when financial institutions are involved in cross-ownership. We will press the minister to ensure there are adequate controls for the sake of shareholders, depositors and employees.

There is also the problem of reduced competition, which always occurs when conglomerates are formed. Let me cite an example. As the minister knows, several banks offer investor services. If one of these banks acquired 30 per cent of an investment firm, it would serve to reduce competition in the marketplace. I know the minister would not want that.

We will study this document further and listen to the minister's comments at his press conference. We will work to ensure that the investment community is well served in this province, but we stress that the investment community includes investors as well as dealers and that this Legislature must consider the effect on other sectors of the economy when considering the minister's proposals.

Mr. Rae: Perhaps I can refer briefly to the statement by the Minister of Financial Institutions. I cannot resist commenting that when I was in another place with the brother of the Premier (Mr. Peterson), I spent many a happy afternoon, evening and morning going over revisions to the Bank Act. It was close to being a lifetime project.

Reading the deadlines put forward by the Minister of Financial Institutions, and knowing the unbelievable vested interests that are out there, there will be more free lunches offered over the next number of months than we have ever seen before by various people seeking to catch various ears and by financial interests that have a stake in trying to change things.

I wish the minister well as he faces the task of attempting to revise the legislation, which may well be in need of revision. We look forward to participating, not in the free lunches but in the discussions and debates that will have to take place to bring Ontario's laws up to date.

Hon. Mr. Nixon: I request unanimous consent to go back to statements briefly. I have

checked with the other two House leaders. I did not give them any warning about this, but they have agreed.

Mr. Speaker: I understand the request from the government House leader is for an opportunity for the Premier to extend the statements period. I believe there was still time. According to the new standing orders, is it also agreeable to have a short response time of about two minutes for each of the parties?

Agreed to.

IDEA CORP.

Hon. Mr. Peterson: I thank my colleagues for their indulgence. I apologize, but I am sure they understand the time pressures we are under. Yesterday, allegations were made in the House that the Innovation Development for Employment Advancement Corp. had made two investments that were influenced by political connections. I asked the cabinet secretary to conduct an immediate investigation. His review shows there was no political involvement in the two cases cited. No minister or government employee made any representation to the IDEA Corp. on either case.

The IDEA Corp., as the members are aware, was established in 1981 by the government of Premier William Davis to encourage venture capital investment in technology-intensive enterprises. Several problems arose soon after IDEA's startup, and it became clear that some of the corporation's activities were directly competitive with the private sector. These, and questions raised concerning its overall management, led to the government's February 19 decision to wind down the corporation effective June 30.

The dominant feature of the IDEA Corp. throughout its lifetime has been the independence of its decision-making. Investment decisions are approved by the board of directors and are not influenced by the government in any way. Neither the cabinet nor Management Board deals with the specific decisions, in accordance with the provisions of the IDEA Corporation Act.

The board itself is a distinguished one, composed of eminent Ontarians and chaired by a former Deputy Treasurer of Ontario and former president of York University, H. Ian Macdonald. Other directors include Peter Morand, dean of science, University of Ottawa; Gordon Slemon, dean of engineering, University of Toronto; P. Ronald Doyle, president, Sault College, Sault Ste. Marie; Desmond Cunningham, chairman, Honeywell Ltd., Willowdale; Eleanor Ryan, vice-president, Ontario Federation of Labour,

Ottawa; and William Reno, director, United Food and Commercial Workers, Don Mills.

The clear suggestion in the news release of the member for Brantford (Mr. Gillies) that this board had made politically inspired loans will no doubt come as a considerable surprise to Mr. Macdonald and his colleagues. It will also surprise many of my colleagues across the floor who know the IDEA board and its members from their experience in government.

In any event, since June 1985, the board has approved 49 investments totalling \$27 million. I repeat that all these decisions were made in accordance with the IDEA Corporation Act, without reference to the government in any way. The chairman of the board confirmed to the secretary of cabinet that "all board decisions are made on the basis of staff recommendations based on established criteria."

Mr. Macdonald, the president of the corporation, states that in his four and one half years as chairman, he has not been lobbied by either cabinet ministers or public servants on matters on which the board has decided. Harold Blakeley, president of IDEA for the past 10 months, also confirmed that there has been no government involvement in board decisions during his tenure.

Of the \$27 million, 16 investments totalling \$10.4 million were made after the announcement on February 19 that the corporation would be wound down. The \$18.5 million quoted in the release is inaccurate either as an indication of IDEA's total investment program since June 1985 or that portion of it made after the wind-down was announced.

There is a larger problem with the criticism that the government should not have made any investments after the announcement of the phase-out was made. To follow such a course would have been a complete break of faith with all the companies that had become involved with IDEA while it was in full operation. That is why the Treasurer (Mr. Nixon) and the Minister of Industry, Trade and Technology (Mr. O'Neill), at the time of their announcement, said IDEA would continue to process projects currently under review. This has been done. It is essential to note that no investments have been made in any projects that were not under review by the IDEA Corp. prior to February 19.

With respect to the two specific cases raised by my honourable friend opposite, the following are the facts. Graham Software Corp. initially contacted the IDEA Corp. in the summer of 1985. It received initial funding from IDEA on

September 18, with an option for future investment, which was later exercised after a thorough review of the application by the staff. It is my information that Mr. Schwartz and Mr. Graham had no business relationship at the time of the application, having severed their business relationship three years previously.

The application of Wyda Systems (Canada) was made to the corporation in August 1985, following preliminary discussions with staff. Prior to these events, in June 1985, the Assistant Deputy Attorney General, civil law, had a general discussion with Mr. Caplan concerning conflict-of-interest matters as part of an ongoing process to advise Liberal members and their spouses. Mr. Caplan mentioned that he was president of Damaza Consultants Ltd., a financial consulting firm. He stated that from time to time he might act as a consultant for companies that had applied to ministries or government agencies for grants or loans.

Mr. Caplan was advised that, pursuant to the conflict-of-interest guidelines, a minister of the crown, which included the spouse of a minister, could not have an interest in a private company that had a contract or agreement with the government. He was advised that he would be precluded from having an interest in the equity of a client company seeking funds from the government or any interest based on the amount of funds received from the government. He was also advised that the member for Oriole (Mrs. Caplan), as a minister, should have absolutely nothing to do with any decision on whether any client of Mr. Caplan received government funding.

In the opinion of the Assistant Deputy Attorney General, civil law, Mr. Caplan has complied with these guidelines.

At the time of application and approval of the Wyda proposal, Mr. Caplan was listed by Wyda as a financial consultant and given the title of vice-president, finance. The application was made in the summer of 1985, placed on the IDEA board agenda for February 19, 1986, deferred, and approved on March 6, 1986. Mr. Caplan's relationship to Wyda was disclosed by Mr. Macdonald to the board before its deliberations, and the board decided it would have no impact on its decision. No member of the government had anything to do with the investment decision in Wyda.

With respect to the existing portfolio, the Ontario Development Corp. has been given responsibility for its management after June 30, and suitable arrangements are being made by the

corporation to manage the province's investments under the supervision of its board. Our dominant concern in the future will be successful divestment of these investments to the private sector at a time suitable and consistent with their long-term development.

I regret that the integrity of the IDEA chairman, board and staff have been questioned. I also regret that the opposition felt it appropriate to criticize the government for keeping faith with the companies with proposals being reviewed by the corporation, especially when we had announced in advance that we would do so. Most of all, however, I regret that the reputations of particular individuals have been questioned in a way that does not square with the facts.

If the honourable member is not satisfied with the conduct of the IDEA Corp., I invite him to bring the matter before the standing committee on public accounts and present whatever further evidence the member may have, so that any concerns members may have can be explored fairly, completely and openly.

Mr. Speaker: The member for Nipissing has up to two minutes.

Mr. Harris: I regret the member for Brantford is not in the Legislature today. He is in his riding with our leader. I am sure he will have more to say when he returns tomorrow. However, let me point out a couple of things in the Premier's statement.

First, the Premier states, "I regret that the integrity of the IDEA chairman, board and staff have been questioned." Let me put the record straight and assure him that the integrity of the chairman, board and staff was not, to the best of my knowledge, or ever will be questioned. We felt the problem was far more serious than that.

The Premier's statement today has absolutely no mention of Exploracom and the \$17 million to Mr. Schwartz. I am a little surprised the Premier has not risen to clarify this issue and to undertake to table the materials that will demonstrate the impartial criteria that were used and that are in place. Any phone calls we make to the Ministry of Industry, Trade and Technology or to any other source that may have access to these funds tell us the criteria are not in place and the rest of Ontario is precluded from applying. That has nothing to do with the IDEA Corp., as the Premier will recall.

Statements I heard and saw in print last night and heard on the radio this morning referred to the member for Brantford as being sleazy and in the gutter. I am not sure that those are quotes of the Premier's statesmanlike words or quotes that

I would expect from the Premier of Ontario. I think they indicate that one doth protest too much.

Our role on behalf of the people of Ontario is that of a watchdog for their tax dollars.

Mr. Speaker: Order. The member's time has expired.

Mr. Rae: I was not in the House yesterday; I have Hansard here. I understand the Leader of the Opposition (Mr. Grossman) accused the Premier virtually of criminal negligence causing death under the Criminal Code. It seems to have been a day in which accusations of a most personal nature went back and forth. I do not want to get into that.

Interjections.

Mr. Rae: One lives with that kind of remark. If members of the official opposition carry on with such remarks, they will see how far the remarks get them as a political party.

It would be wise if the matter, including the grant to Exploracom, were referred to the standing committee on public accounts.

The matter raises questions that have been cleared up to my satisfaction by virtue of what the Premier said. If I can interpret what he said, he does not regard the IDEA Corp. as "the government." Therefore, it is my understanding that in this case, if the husband of the Minister of Government Services and Chairman of Management Board of Cabinet (Ms. Caplan) is in a corporation that has applied to the IDEA Corp. for a grant that in no way reflects a conflict of interest, that is satisfactory.

If that is a matter of government policy and interpretation, it should be made quite clear. If that is the interpretation the Premier is putting on it, that should be made quite clear too. None of us particularly relishes these matters; I certainly do not. It has never been my forte, unfortunately, perhaps, for my political career.

I have no hesitation in saying it would be useful if that matter and the question of the Exploracom grant were referred to the public accounts committee.

Mr. Andrewes: Mr. Speaker, before we move to oral questions, could I have the unanimous consent of the House to entertain the following resolution?

Interjections.

Mr. Speaker: Order. I did not hear agreement. We are moving to oral questions.

Mr. Andrewes: I am not sure they could disagree, not having heard the resolution.

2:59 p.m.

ORAL QUESTIONS

EXTRA BILLING

Mr. Andrewes: My question is for the Premier. Will he reconsider and move to appoint a mediator to settle the dispute between the government and the Ontario Medical Association to prevent the strike that is going to occur tomorrow and to make sure essential medical services are provided to people in this province?

Hon. Mr. Peterson: We have had a thorough discussion of this question on I do not know how many occasions. The Leader of the Opposition (Mr. Grossman) has asked me that question and we have discussed it. As I said, there is a difference of opinion at the moment. If the member is asking me to withdraw the bill, the answer is no. We are proceeding in this House and we are discussing it. We have answered the question so many times, I am not sure we can be helpful in that regard.

Ms. Fish: I have a supplementary on the question of steps necessary to ensure that essential health services are provided. This morning an individual case came to my attention of a woman, I understand a victim of violence and currently 11 weeks pregnant, who entered a major Metropolitan Toronto hospital this morning for pre-operative blood work. She was told by her gynaecologist at the close of that blood work that her procedure, a dilation and curettage booked for tomorrow, would not be proceeded with and that all such surgery was cancelled indefinitely for the duration of the strike. She followed all procedures and the procedure was determined as medically necessary.

Mr. Speaker: Question.

Ms. Fish: What steps will the Premier take to ensure that medically necessary surgery is provided in this province?

Hon. Mr. Peterson: The Minister of Health will be better able to answer that question on the procedures he has undertaken to try to assist in these cases. Perhaps I can refer it to the Minister of Health.

Hon. Mr. Elston: If I may, this thing took place this morning; so the member should have contacted me immediately. I have urged all members to bring these serious matters to my attention at the earliest event. The opportunity of a number of hours for referral of this item to the College of Physicians and Surgeons of Ontario, which has invited this sort of information to come to its attention so it could act on it as well, is well

known. I encourage all members, when they know of these types of events, to come directly, either to myself or to my ministry, which has a line which is available for public consultation. We do have physicians in a consultative role, but we refer that to the College of Physicians and Surgeons, which has also undertaken to provide advice and assistance in those situations.

I regret the member did not phone me earlier so we could act at the first opportunity. When members know of these events, please do not wait for question period. Bring it to our attention first and we will act on it.

Ms. Fish: The matter only just came to my attention. I was clear that the woman undertook procedures this morning. I will be pleased to raise the particulars of this case with the minister. In the course of doing so, allow me to add that the specialist who turned her away this morning after her blood work suggested that she might want to go to Buffalo or, failing that, to the Morgentaler Clinic. I cite again that we have impending chaos. It must be dealt with and not wait for the individual cases to come forward.

Hon. Mr. Elston: There was no question. I have told the member I would be willing to act on the information when it is made available. She obviously knew about it before she came to the House, before two o'clock. An hour has gone by. We are interested in these cases so that at the very earliest opportunity we can get involved in helping on these items.

In order that there be no misunderstanding, I must also indicate that the college has taken great pains to provide information to the public that it is willing to work out, as best it can, resolutions to this type of situation as well. I invite people to contact the college because that mechanism is there and its use has been encouraged by the college, and also to provide us with the information at the earliest opportunity.

GREAT LAKES WATER QUALITY

Ms. Fish: I have a question to the Minister of the Environment. Last Thursday he informed this House that the Ministry of the Environment provides the information requested by international bodies, whether they be state or national bodies, in the United States. Last Thursday we asked him why he had failed to provide often-requested information on sources of Great Lakes pollution to the Environmental Protection Agency.

I want to ask him again why he has refused to provide the Environmental Protection Agency

with requested information on Great Lakes pollution sources.

Hon. Mr. Bradley: The member must be recalling her days in government when this was perhaps a complaint her government was faced with on an ongoing basis. I find it interesting that she has the audacity to ask such a question after the way the Conservatives very often dealt with this.

Mr. Davis: Just answer the question. Come on, Captain Chemical, answer the question. The minister should do something about it.

Hon. Mr. Bradley: I realize the past poses some problems for the member for Scarborough Centre. I know in his previous incarnation—

Mr. Davis: The minister has had a year. He does not know how to govern. I thought I would help him.

Mr. Speaker: Order. I would appreciate it if the minister would disregard the interjections and answer the question.

Hon. Mr. Bradley: I will disregard the interjections of my friend the member for Scarborough Centre, who is not used to doing that.

In fact, contact was made with the International Joint Commission because I was interested. I have never received personally a complaint of this kind from the IJC or the EPA that I am aware of, saying that this is a problem at this time. We did contact several people, and the response was that they felt we were providing the information they wanted. If the member has further information, I would be happy to address that, but this is the response I got when we contacted them.

Ms. Fish: The request came last October. The administrator of the EPA indicates he spoke personally with the minister to ask for the information in February and that officials of the EPA met with the minister's officials in April, repeated the request and subsequently wrote to the minister in May. How can the minister stand and say he is unaware of a request he has failed to respond to?

Hon. Mr. Bradley: I go back to the point I made when the member's leader tried this question a week ago. I understand the EPA is not happy with Ontario. I expect from that source and from certain other sources the member will be fed information that may attempt to cast a shadow on Ontario. That is what happens when one is in difficult negotiations with others.

Working through the International Joint Commission, which is the body we work through, I believe the clear indication was that it found our

information acceptable. Any statements I had from the people we contacted in the IJC indicated it was acceptable.

Ms. Fish: The minister dismisses a serious request for serious information from the EPA by suggesting it is only negotiation. I do not believe it is. The EPA has made very clear it requires that information to be able to do exactly what the minister has suggested he wants to do, which is to continue to add to our store of environmental information and enhance Canadian-American co-operation, because it highlights one of the challenges facing the scientific community.

The EPA has sought the information to clean up the Great Lakes. It must be a challenge if the minister will not give it. Why will he not give it? Is it because it is as inadequate as his dioxin testing on two apples?

Hon. Mr. Bradley: I think the member, having been Minister of the Environment for however long it was, a couple of months, would recognize that the kind of testing—and I should not invoke the gentleman beside her—Ontario does in terms of dioxin, for instance, is very difficult to see matched in other jurisdictions. When we ask, "Do you measure in parts per quadrillion?" they say no.

3:10 p.m.

We spoke to Dr. Richard Thomas, a director of the IJC office in Windsor. John McDonald, head of the IJC's point source discharge monitoring, said there is no delay at the moment. David Chance, secretary to the IJC in Ottawa, said there was a complaint in the past but it did not appear to be a problem at this time. This is the information I get from the International Joint Commission. We are prepared, as always, to provide any information that is required. If the member thinks the practices of the past should be terminated and we should turn over a new leaf, I am quite willing to do that.

Ms. Fish: All talk and no action.

Mr. Speaker: Order. We will let you continue the debate some other time.

EXTRA BILLING

Mr. Rae: I have a question for the Minister of Health. The minister will no doubt be aware from the work he has done that there are a number of hospitals—I mention Chedoke-McMaster Hospitals, Toronto General Hospital, Sudbury General Hospital and McKellar General Hospital in Thunder Bay—where a number of so-called elective surgeries have been cancelled. I understand in particular that at the Toronto General

Hospital it is the policy that non-life-threatening heart bypass operations are going to be allowed to wait and not to proceed as scheduled, while others may proceed.

Has the minister had any discussion with the College of Physicians and Surgeons of Ontario not to leave it to each individual patient to have to complain about the delay of an operation, but clearly to establish guidelines that will ensure that patients who have been waiting for many weeks for operations that most people will regard as essential and important are not simply left outside wondering when they are going to be cared for? Can the minister not give us that assurance today?

Hon. Mr. Elston: We have had continuing personal contact with the college. We have been developing a process of reviewing the situation as it arises. We are not only using connections with the college, but we are also working through the Ontario Hospital Association to bring us up to date right away on any situation that is of note.

The physicians in this province are the ones who determine when the service of medical care is to be delivered to their patients. We have encouraged the physician and the patient to enter into a dialogue on the decisions made with respect to the delivery of medical services. That is to be encouraged. We have not taken the role of injecting ourselves between the physician and his or her patient with respect to the delivery of care. There have been directives to physicians from the Ontario Medical Association executive about how they should proceed, but in many ways the decisions to deliver medical care must be made by the practitioner, and that process is being carried on. We have and we will continue to have very close discussions with the college.

Mr. Rae: This is not satisfactory. "Let the patient beware" may be a satisfactory slogan for the Liberal Party, but I do not think it is satisfactory to the patients of this province.

Is the minister conducting surveys on a hospital-by-hospital basis himself or within his ministry? In particular, can he comment on the fact that at the Sudbury General Hospital 140 operations scheduled for the period between June 12 and June 20 have been cancelled? Can he provide a categorical assurance to this House that the health of those people is not being put in some jeopardy by those cancellations?

Hon. Mr. Elston: As is the case in this province, the delivery of medical care is in the hands of the physicians. We in this province have faith in the system, which has worked during the past several years. I do know we have been

advised by the OMA not to trespass on the strong relationship between a physician and his or her patient.

We have ways of receiving information from the various hospitals, not just the ones the honourable member mentioned. I can tell him as well that when a physician undertakes the care and control, basically, of the patient's medical needs, there are provisions under which the college can act to ensure that the physician does not abandon the patient. That is the role the college plays. It is an independent role and it is one of assessment.

My checking around the province to the limited degree that the reports are coming in has indicated, by and large, physicians are going to be providing that care.

Mr. Rae: The minister may not have heard, but what has come between the individual patient and the individual doctor is a force called the OMA and its advice to physicians to go out on strike. He may not have heard that. If he has not, I am going to advise him of it officially today. It is widely known and widely reported that this is what is happening.

Is the minister satisfied with the cancellation of 140 operations at Sudbury General Hospital? Is he satisfied with the cancellation of 30 per cent of all operations at Chedoke-McMaster Hospitals in Hamilton? Is he satisfied that heart bypass surgery is being cancelled at Toronto General Hospital? Is he satisfied that at McKellar General Hospital in Thunder Bay all so-called elective operations have been cancelled? If he is aware of those facts, what does he intend to do about them? What does he intend to do for all the patients who have been relying on care, have been expecting care and are not going to be getting care because the OMA has advised its members to withdraw—

Mr. Speaker: Order. Four questions were asked.

Hon. Mr. Elston: I am aware of that. I have been advised of a more specific piece of information than I had before I came into the House. It is no surprise to me that the honourable member has said the OMA executive has advised physicians to undo their relationship with their patients. I made that statement myself, and perhaps he is picking up on it. I regret that has occurred. With respect to the provision of medical services, we intend to continue to try to expand accessibility to those services and we will do everything we can to improve our health care system.

In our health care system, there is a role that is played by the physician when he or she makes the decision with respect to the delivery of care, which I do not have the expertise to deliberate upon. I have told physicians over the past several months that I am not going to tell them what therapy to deliver, when to deliver it or how to deliver it. They have the independence and will continue to have the independence to make those decisions.

When it comes to patients and physicians, the physicians are going to make the decision as to the delivery of care. That will have to be the situation. I can tell the member I am not satisfied with the instructions that were provided by the OMA.

ACCESS TO ABORTION COMMITTEES

Mr. Rae: I have a question for the Attorney General, who is also the minister responsible for women's issues. Can he tell us why he has rejected the advice of his colleague the Minister of Justice of Quebec, who has told him and the world that in his view the provinces are powerless to enforce the laws with respect to abortion? Can the minister tell us why women are made to feel like criminals in Toronto today for seeking access to safe, therapeutic abortion services?

Hon. Mr. Scott: I did not get the advice from the Minister of Justice of Quebec that the member refers to. He made the point that in Quebec there have been four acquittals with respect to charges of this type that have been sustained in the end by the courts. That is not the case in Ontario. There has been one abortion trial, in which the Court of Appeal has ordered a new trial. The situations are not parallel.

Mr. Rae: For the record, there was one jury acquittal. Perhaps I can ask the minister how many jury acquittals it will take in Ontario before he comes to his senses.

Hon. Mr. Scott: My friend is getting to be quite like the Leader of the Opposition (Mr. Grossman). I do not think it is a matter of coming to one's senses; it is a question of approaching this question rationally. The reality is that there has been no acquittal in Ontario. The Court of Appeal set aside the acquittal that occurred and directed a new trial.

Mr. Rae: I specifically used the words "jury acquittal." Whether being compared to the Leader of the Opposition is unparliamentary, I have no idea.

There is a serious problem with respect to access. As the minister responsible for women's

issues, he should be aware of that, if he is not already. If he feels he cannot effectively act as an advocate on behalf of women who are facing this tremendous problem of access today, why does he not stand down and let someone over there do the job who is prepared to stand up and be an advocate for women on what is, I know, a difficult issue, but one that has to be faced up to in Ontario?

Hon. Mr. Scott: As I have said before, the question is a medical question, a question of the provision of medical services. If my friend wishes, I would refer it to the Minister of Health (Mr. Elston), except he is not here.

INSURANCE RATES

3:20 p.m.

Mr. Stevenson: I have a question for the Minister of Agriculture and Food. The agricultural fair boards are facing liability insurance premium increases of up to fortyfold or 4,000 per cent this year. What is the minister doing to assist fair boards to meet these massive cost increases?

Hon. Mr. Riddell: I am working very closely with the Minister of Financial Institutions (Mr. Kwinter), who has jurisdiction of a review of the whole policy of insurance, as the honourable member is well aware. If he wants to know more about what this government is doing in connection with insurance for the agricultural fair boards, I suggest he contact the Minister of Financial Institutions.

Mr. Stevenson: The Ministry of Agriculture and Food funds the fair boards. As one example, the 133rd annual Beaverton fair is now in jeopardy. Last year it paid a \$200 premium for liability insurance; this year, for less coverage, the premium being asked is \$7,000. Is the minister prepared to act and provide a stronger public role, as suggested in the Slater report?

Hon. Mr. Riddell: The member knows we do not fund the liability insurance for these fair boards. I have already indicated that the Minister of Financial Institutions is well aware of the insurance problems that are being faced not only by fair boards, but also municipalities, schools board, etc. They all are facing the same problem. I definitely will be working with the minister to see what we can do to help the fair boards with their liability insurance. We want the fair boards to continue doing the excellent job they have done in the past.

EQUAL PAY FOR WORK OF EQUAL VALUE

Ms. Gigantes: I have a question to the minister responsible for women's issues. Last

week, in response to my question about delay on equal pay, the minister attributed the delay to the trade unions' request for government support for studies to be done this summer. The minister said the request paralleled a proposal made by the business advisory group. As we well know, the unions were simply asking for equal treatment because several weeks earlier the minister had agreed to fund the business studies. Is it not the case that the minister should be explaining to us that he is delaying because business still wants to study the issue?

Hon. Mr. Scott: I was in error if I attributed the delay solely to any trade union undertaking that has been made by the labour advisory group. That would not be right. The point I was trying to make was that both the business advisory group and the labour advisory group had entered into arrangements with us to undertake projects this summer that we hoped would be completed in mid-August. We judge, as I think they do, that those projects will be useful in assessing the way pay equity can be implemented in the private sector and we regard that as an important part of the consultation process.

Ms. Gigantes: Once again, the minister is trying to suggest that the labour group has asked for time for study, which is not the case. He knows it not to be the case. I say to the minister—

Mr. Speaker: How about asking him?

Ms. Gigantes: —if he is really serious about equal pay, he could have a bill in the House next week, and we could implement it.

If the minister responsible for women's issues is not comfortable advocating for women's issues, why does he not find somebody else in cabinet, suggest one of his colleagues, who could stand in that role and advocate on behalf of women?

Hon. Mr. Scott: I do not think there is any point in determining who is responsible for the delay; I will answer for any delay. I was trying to make the point to the honourable member that both the business advisory group and the labour advisory group have offered to undertake studies. I think they will be useful and important, and they have asked us to provide resources in order that those studies be done. Both of them will be completed towards mid-August. They are important and I propose to wait until the material that they each are preparing is available.

FOREST FIRES

Mr. South: I have a question for the Minister of Natural Resources.

Mr. Davis: A setup.

Mr. South: He is the best Minister of Natural Resources this government has had.

Mr. Ashe: He is the best one because he is the only one.

Mr. South: Can the minister tell the members about the status of the northern Ontario forest fire known as Red 7, which has not been under control since it started near the community of Red Lake on May 21?

Hon. Mr. Kerrio: I hope those people on the other side will be prepared for many more of our members raising questions. The new format is such that the Speaker now has more questions raised than ever before. Our people are entitled to raise questions, and I am going to encourage them.

The new critic is up there examining the fires today. The House leader of the other party would acknowledge that. It is very important that we understand that the forest fire which exists there of some 150,000 acres is one that should be of interest to all. I know the member for Frontenac-Addington (Mr. South) is concerned about depletion of the forest in eastern Ontario as it relates to the gypsy moth, and his interest is keen about all the forests in Ontario.

The forest fire is under control right now. It has not been for a good long time, but we have about 700 firefighters there and eight or 10 water bombers. We can all be proud of how our people are functioning in that regard.

Mr. South: Can the minister tell us how his staff is addressing the concerns of the local officials about the handling of Red 7?

Hon. Mr. Kerrio: For the information of the House, and many would not know, all major fires in the north are investigated. We have Stan Greene, one of the most acceptable people in that area, who is very much concerned about how those fires start and how we should be fighting them. He is one of the people who will be on the board of inquiry. I am pleased to say that augurs well for everyone as to how we examine every major fire in the north and how it is being handled.

Interjections.

Mr. Speaker: Order. I am just going to wait.

Mr. D. R. Cooke: On a point of order, Mr. Speaker: There are 31 members of the official opposition not in their places at this time. I am wondering whether we should not hold down the rest of question period.

Mr. Speaker: Order. I suggest the member read the standing orders.

3:30 p.m.

DOMED STADIUM

Ms. Fish: My question is to the Minister of the Environment. Does the minister believe that such terms as substantially changing the demographic characteristics of the surrounding neighbourhood or community, overtaxing existing community services or facilities such as transportation, water supply and sanitary and storm sewers, and being highly controversial are applicable to the domed stadium project?

Hon. Mr. Bradley: I would have to think about what the member has had to say. Does she apply all those to the domed stadium? Is this to what she is referring? Do all those things relate to that? Any of those matters is the kind of matter—

Mr. Rae: The minister will be able to hold it up just by talking.

Hon. Mr. Bradley: The leader of the third party intervenes. I have to give this considerable thought.

It would be safe to say to the member for St. George, who is asking this question, that they are matters that our ministry, in conjunction with any others that are proponents of the project, would want to take into consideration and address as the project proceeds.

Ms. Fish: I am not sure whether that is a yes. I note to the minister that I just quoted some of the screening criteria applied by the Ministry of the Environment in determining whether proposed projects should come under environmental assessment. I believe the dome project conforms to each of those statements. Given that, and given the concern expressed by a number of groups about the contaminated soil involved in the domed stadium and elsewhere, can the minister tell this House why he has not exercised his current authority to direct that the project be placed under full environmental assessment?

Hon. Mr. Bradley: I was not aware the member's party was in favour of placing the dome under environmental assessment. If that is the case, it is rather interesting to hear, in the light of the past record and the fact that indication has never been given in the past.

Mr. Harris: Is your criterion what other people think? What do you think? What does your ministry think?

Hon. Mr. Bradley: The member for Nipissing (Mr. Harris) would be interested in that.

These matters will all be addressed. The dome is exempt according to the information provided to me by legal officials of the ministry. It is not

our intention to place the dome under the Environmental Assessment Act.

INSURANCE RATES

Mr. Swart: I have a question about insurance for the Minister of Financial Institutions. I presume the minister has read the article written by Matt Maychak in the Toronto Star of June 2. It is headed "Public Car Insurance Popular in Manitoba" and is subtitled, "Autopac, the province's no-fault scheme, has brought Manitobans cheap premiums that will drive most Ontarians to envy." The caption for a photograph reads, "Government-run, no-fault automobile insurance plans in Manitoba and British Columbia have resulted in dramatically lower premiums for drivers in those provinces."

All the independent investigations have given the same kind of report. Given these kinds of articles and the fact that Mr. Slater did not do a comprehensive comparison, or any comparison, of the rates or even the coverage of those public plans in the west and the rates or coverage in Ontario, why does the minister stubbornly refuse to do an in-depth investigation to show the people of Ontario and himself the financial and other benefits that would exist in a similar plan here?

Hon. Mr. Kwinter: The member from the third party raises a question that he raises on a regular basis. Dr. Slater did look in some depth at the problem. He made his recommendations. Right now he has his report. Anyone can respond to that report by July 31. Once we get that response, we will make our determination.

Having said that, I say to the member again that Dr. Slater's recommendation was most emphatic that this government should not be in the car insurance business. That is our position at this time.

Mr. Swart: If the minister can find any place in that report where there is a comparison of premiums and benefits, I would like him to name the page to me so I can see it too.

Even with the minister's pro-private-insurance-company mindset, he must be aware that during 1985 and 1986, averaged-out insurance premiums were reduced by two per cent or more in each of those three western provinces, while they increased in Ontario by 35 per cent. He will know that they started two years ago from a base 20 per cent—

Mr. Speaker: Order. "Therefore, my question is."

Mr. Swart: My question is, why does the minister want to play the con game of the private insurance companies, which give only selective

and misleading figures to the public? Why does he not update the in-depth study that was done by Woods Gordon on the comparisons in 1978?

Hon. Mr. Kwinter: The member for Welland-Thorold keeps bringing up the western provinces as an example. I have said to him before and I will say to him again that we have taken a look at comparisons. If one looks at it the other way and asks someone in Manitoba, "What would you charge to get insurance in Ontario?" one will see that there is not that differential.

DAY CARE

Mr. Baetz: I have a question for the Treasurer. In his budget speech the Treasurer stated that he recognized "child care as a basic public service." He went on to say, "A comprehensive plan for this important service for working parents is now being developed."

In view of the fact that such a comprehensive plan would go far beyond the current welfare-oriented social service and would, if it were to be fair, include assistance to those working parents where either one or the other wishes to take parental leave to care for their infant children in their own home, under these circumstances, does the Treasurer intend—

Interjections.

Mr. Baetz: Mr. Speaker, there is a lot of cackling going on down here. They think they have a monopoly over social services.

Mr. Speaker: Order. I do not want to go through this whole question again. Would you complete your question?

Mr. Baetz: Yes. I shall repeat a part of that question.

In view of the fact that such a comprehensive plan would go far beyond the current welfare-oriented social service and would, if it were to be fair, include assistance to those working parents where either one or the other wishes to take parental leave to care for their infant children in their own home, under these circumstances, does the Treasurer intend to assist these parents financially, either directly or indirectly, through such measures as a provincial child care tax credit or perhaps a special provincial income tax exemption for parents with infant children?

Hon. Mr. Nixon: The commitment in the budget reflects the commitment made by our party in the election campaign and in certain other documents that concern removing child care from the element of simply welfare support. That has been and will continue to be an important aspect of it, but it is our commitment as

a government that we wish to have policies that will expand it substantially beyond that. As Treasurer, I am well aware of the implications, and therefore I am involved in the discussions to some degree.

The Minister of Community and Social Services (Mr. Sweeney) is leading the group establishing policy on this. I am sure he will take note of the member's suggestions. I look forward to the time when the policy is announced to the House by my colleague.

Mr. Baetz: Certainly the Treasurer recognizes that there should be some major tax reforms and tax concessions if his famous plan is going to lead to fruition.

In view of the fact that these and other measures require close federal-provincial co-operation, has the Treasurer—

Interjections.

Mr. Baetz: There they go again, Mr. Speaker. They think they have a monopoly on this field, yet they know very little. Do you want me to continue?

Mr. Speaker: Continue.

3:40 p.m.

Mr. Baetz: Thank you. In view of the fact that these and other measures require close federal and provincial co-operation, has the Treasurer taken any positive steps or has he made any specific and concrete proposals to the federal government regarding additional tax credits and income tax exemptions or any other tax measures or cash benefits that would benefit working parents who choose to take parental leave to care for their infant children in their own homes? What, if anything, has the Treasurer suggested to the federal government?

Hon. Mr. Nixon: The honourable member is correct when he predicts there will be substantial tax involvement in a mature child care program, and one aspect would be the credits to which he referred. Specifically, I have discussed the financing with the Minister of Finance for Canada, and I expect to raise it at a conference of treasurers, under the chairmanship of the Minister of Finance, which will be held next week in Victoria.

HIGH SCHOOL DROP-OUTS

Mr. Allen: I have a question for the Minister of Education. I would like to go back to the question of the scandalous situation of drop-out rates in the secondary schools and ask the minister whether he is aware of the unfortunate

situation that pertains in the general-level student category of our high schools.

Is the minister aware, for instance, that general-level students are likely to fail early and often? Is he aware that they drop courses without replacing them as a matter of habit, that they take few, if any, employment-related courses, that they work part-time more frequently than other students and that they drop out at a rate of 62 per cent over the course of their high school careers? That is a scandalous situation.

Is the minister doing anything to address this problem of the drop-out rate of general-level students?

Mr. Speaker: Order. The member has already asked five questions.

Hon. Mr. Conway: The government is taking specific measures in the area of co-operative education in building better and stronger bridges between the world of school and the world of work. As the honourable member knows, this government has made a strong and clear commitment to relevance in education for all our elementary and secondary school students. I look forward to working with this assembly to ensure that the concerns the member has addressed today and some weeks ago are addressed in all respects.

Mr. Allen: Those are worthwhile initiatives, but they do not tackle the peculiar syndrome of problems that afflict the general-level students. Every writer on this subject observes that this group is the forgotten middle in the school system and that neither the ministry nor the school boards attach the significance to it that they should. The students come from working-class homes, have ethnic parents on the whole, are from single-parent families and so on.

Mr. Speaker: Question.

Mr. Allen: Why will the minister not establish an emergency working group that will tackle the drop-out problem in this province, target annual reductions and work with the school boards to achieve them on an annual basis?

Hon. Mr. Conway: At the risk of being mildly provocative, perhaps it is because the member's distinguished leader has cautioned members of the government about creating too many such task forces or working groups. I know of the member's concern. We believe that, as a government, we have taken important and positive measures. I agree that we must be vigilant to ensure that all students at the secondary level are properly provided for.

Specifically, in the throne speech we indicated a number of initiatives in this area.

I repeat what I said to the member some four or five weeks ago. If he or the member for Scarborough Centre (Mr. Davis) has additional or specific initiatives they would like the government to entertain, I am most anxious and willing to do so.

DAY CARE

Mr. Cousens: I have a question for the Minister of Community and Social Services, whom I just saw slip around the corner. I am sure he will be back in a few moments.

Mr. Speaker: Perhaps some other member would like to ask a question in the meantime.

Mr. Cousens: The Premier (Mr. Peterson) has not answered a question in so long that I would not try it.

Here he comes.

Mr. Speaker: The minister has returned.

Mr. Breaugh: Ask the member for Ottawa West (Mr. Baetz) a question. Let us go for the old days.

Mr. Cousens: The Minister of Community and Social Services at least gives it a try.

The minister stated on Day Care Day at Toronto city hall on May 6 that the existing funding structure with the federal government was adequate and would likely remain in place. The Treasurer (Mr. Nixon), on the other hand, proposes a re-evaluation of federal-provincial financing of child care. Can the minister tell the House exactly what his government's position is on the issue of new cost-sharing arrangements with Ottawa?

Hon. Mr. Sweeney: The earlier reference was to the fact that the bulk of the proposals we are prepared to advance fall within the existing cost-sharing between the province and the federal government. However, there are some elements to a program that we would like to propose that are not currently covered in the cost-sharing between the two levels of government. We have indicated to the federal government that we would ask them to review that.

I believe it was yesterday that the member mentioned subsidization for commercial spaces. Another one would be the possibility of a direct grant to a day care centre. They are both proposed from outside advocacy groups. They are not cost-shared. The bulk of what we want to suggest would be cost-shared, but there are some elements that currently are not. We are asking the federal government to consider those.

Mr. Cousens: Obviously what the minister said about it being adequate was not the case. On May 7, the Progressive Conservative Party made a formal presentation to the special parliamentary committee on child care. Tomorrow afternoon, my colleague the member for Ottawa West will also be making a presentation. My friend the New Democratic Party critic for the Ministry of Community and Social Services also took the time to make a presentation.

I have been informed that the Minister of Community and Social Services turned down an invitation to meet with the committee. Considering the tremendous impact that the federal government has on provincial child care, can the minister explain why he ignored this opportunity to further federal-provincial consultation in this important area?

Hon. Mr. Sweeney: As a minister of the crown in Ontario, I think it is more appropriate that I deal with a minister of the crown for the federal government. That is the normal relationship between governments. It is not deemed appropriate at either level of government for a minister to appear before a committee of the other level of government.

I am quite prepared for the federal government to send out a committee to get recommendations, to come to certain conclusions and then to discuss those conclusions with all the provincial ministers of social services from across the country. That is the most appropriate and traditional way for ministers to communicate with one another.

GASOLINE PRICES

Mr. Ramsay: I would like to ask the Minister of Northern Development and Mines a question this afternoon. It is in regard to the north-south gasoline price forums he has organized for northern Ontario, commencing in Kirkland Lake on Monday next. What interest groups, such as farm organizations, taxi and fleet organizations and owners, municipalities and chambers of commerce, has he invited and notified of the forums? Has he asked them to present a brief to these forums?

Hon. Mr. Fontaine: First, I am not the only one involved in this. There is also the Minister of Energy (Mr. Kerrio). I am only there to assist. Everybody knows about this, because I am getting phone calls every two minutes; so somebody must know. The way we are going to proceed is to advertise in the newspaper. People will be invited to give their briefs in front of the committee. There will be representation by the

Ministry of Energy on the north-south pricing study.

We will accept the input from the northerners on the impact on them of the gasoline prices in northern Ontario. It should be in all the newspapers. If not, I will have to tell that to my staff today or the staff of the Minister of Energy.

Mr. Ramsay: We on this side would like this forum to work. How effective does he think it would be and is it going to be when his local office in Kirkland Lake does not have the details nor know of such to date? To date, no ad has appeared in the daily paper in Kirkland Lake. As of this moment, no order has been placed by the ministry for an ad in the daily paper of Kirkland Lake, and this forum starts on Monday.

Mr. Gordon: No development. No study.

Interjections.

Hon. Mr. Fontaine: There is a parrot talking. I think it is the member for Sudbury (Mr. Gordon). A few years ago, a study was done by the previous government and it did nothing about it. I do not have to answer the member on this one.

Mr. Speaker: Order. There is too much crossfire here. I will just wait. Does the minister have any further response?

Hon. Mr. Fontaine: I will look into it when I go to the office in a few minutes. If there is no advertising in newspapers, there will be some on TV or radio for sure.

3:50 p.m.

PALLIATIVE CARE

Mr. Andrewes: In view of the absence of the Minister of Health (Mr. Elston), my question is for the Minister of Community and Social Services (Mr. Sweeney). Has he gone for the day? Perhaps the Premier would like to take the question.

The Premier will know of the commitment of a number of very prominent people, including June Callwood, to the creation of a hospice for the victims of acquired immune deficiency syndrome. Does he agree that this form of palliative care is innovative and worthy of government support?

Hon. Mr. Peterson: I thank the honourable member for the question. I was beginning to feel like the Maytag repairman. I appreciate it.

Mr. Hennessy: You look like him too.

Hon. Mr. Peterson: I thank my honourable friend for the contribution.

I do not know a lot about the particulars, but I do know of the hospice concept and have some understanding of it. They had a fund-raiser a few nights ago. I know of the problem in that area. I do not know of a specific proposal that has been made to the government for funding, but I am aware of some of the advances in palliative care, which I agree with my friend is a humane and sensitive way to deal with some terribly difficult problems.

Without knowing the specifics the member has in mind, I am sure this government would work very sensitively with the people in this regard.

Mr. Andrewes: We understand an application will be made to the Ministry of Housing and the Ministry of Community and Social Services for capital assistance. To date, no public funds or very few public funds have been expended in the area of palliative care. In the last stages of the fatal disease, AIDS victims do not require the rather heroic measures that hospitals perform in acute care areas; rather, they require support for the victims and the victims' families.

The hospice steering committee needs a capital commitment to get its fund-raising efforts off the ground. I ask the Premier clearly and honestly whether he will make that kind of commitment.

Hon. Mr. Peterson: I know the member will realize that in the absence of knowing the specifics of a commitment for how much and to whom—I am not even sure who is applying, whether it is an existing hospital, a new group for a hospice or what kind of facility. I am sorry, but I am not familiar with those details.

The member will be aware that there are some enormous pressures on the system for housing. The other day I met with a remarkable young lady who is a quadriplegic because of a diving accident. One of the things we do not have in our mix of housing is a place for her to go and be independent. I am moved, as my friend is, at the concerns of these people because they are real and legitimate concerns. My friend has—

Miss Stephenson: This is ridiculous.

Hon. Mr. Peterson: I will not get into a discussion with my friend the member from Mount Vesuvius.

Mr. Speaker: Please disregard the interjections.

Hon. Mr. Peterson: I will continue on and say to my friend that the minister has announced a long-term capital program. There will be announcements in the coming little while. We have a major commitment of funds of \$850

million. I appreciate the input he makes. When other members have ideas on the disposition of those funds, they should be shared. He put the point very sensitively.

FISHER PARK HIGH SCHOOL

Mr. Warner: I have a question for the Minister of Education regarding Paul Anka's alma mater, Fisher Park High School in Ottawa. What does the minister intend to do to protect the local residents and the Education Act, which is now under threat, from any school board that decides to ignore its own school closing guidelines?

Hon. Mr. Conway: The honourable member knows the matter of Fisher Park is still before the courts. I have no intention of commenting until the final judgement on the Fisher Park matter is handed down.

Mr. Warner: The minister is no doubt aware that the board is attempting to have \$3 million in costs and damages assessed against the community association and, in particular, the individual representing the community association. Will the ministry undertake the appeal on behalf of the residents trying to defend their community against the misguided school board?

Hon. Mr. Conway: While appreciating the member's concern, I do not think it would be prudent for me to add to my earlier answer at this time.

RENT REVIEW

Mr. Gordon: I have a question for the Minister of Housing. In the housing paper he put out last December, he said 80 per cent of those tenants living in apartment units with chronically depressed rents could well afford to pay more in rent. Is that why he is increasing their rents by approximately 7.2 per cent next year?

Hon. Mr. Curling: The assured housing policy paper—I presume that is what the member is referring to—put forward in December did not say tenants with chronically depressed rents could afford to pay more. I cannot recall it saying that.

Mr. Gordon: I would like to correct the minister. That is exactly what it says in that paper. As a matter of fact, there is a second report out now, based on the assumptions the minister made, that shows it is false, that they cannot afford to pay increased rents and that 40 per cent of those living in those kinds of units are paying too much for rent. Yet the minister is going to have those tenants pay at least 7.2 per cent more

next year. Is that the way he makes apartment units more affordable for the tenants of Ontario?

Hon. Mr. Curling: The honourable member is making a good point here. In those units, to our knowledge, there are some experiencing hardship on both sides. Many tenants in those units are paying rents way below the market rent outside. It is a chronic complaint of those landlords that they are not able to make enough return on their investment. In the meantime, there are also tenants in those units who would have difficulty if the rents were to rise drastically. The Rent Review Advisory Committee has come up with a formula by which we can address the difficulties of those units' landlords and be sensitive to the tenants living in those units without a drastic increase. That formula will take care of the balance between the landlords and tenants concerned.

4 p.m.

SPRAY PROGRAM

Ms. Bryden: I have a question for the Minister of the Environment. Is the minister aware that the city of Toronto parks department is planning to spray oak trees in Kew Beach Gardens park in my riding with a highly toxic pesticide known as Sevin to control an insect infestation this spring? Since the minister himself has questioned the use of Sevin for spraying the forests of the north, will he sit down with the city of Toronto parks department officials and the Toronto Board of Health to discuss alternative methods for controlling any expected infestation since this pesticide is considered a carcinogen?

Hon. Mr. Bradley: I will be pleased to investigate this matter and to explore all potential alternatives.

The member will agree that what was referred to in terms of the forests of the north was aerial spraying, and this is not aerial spraying. However, I would still like to look at the member's concerns and explore with the city of Toronto the potential for using other products.

PETITIONS

NATUROPATHY

Mr. Breaugh: I have a petition to the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario as follows:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"Whereas it is my constitutional right to have available and to choose the health care system of my preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

This petition is signed by 40 fine constituents of the riding of Oshawa.

Mr. Ferraro: I have a petition signed by approximately 100 constituents of mine. It is addressed to the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario and reads as follows:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"Whereas it is my constitutional right to have available and to choose the health care system of my preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

Mr. Hayes: I have a petition addressed to the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario. It reads:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"Whereas it is my constitutional right to have available and to choose the health care system of my preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

This petition is signed by 40 constituents.

REPORT BY COMMITTEE

STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

Mr. Callahan from the standing committee on regulations and private bills presented the following report and moved its adoption:

Your committee begs to report the following bill without amendment:

Bill Pr18, An Act respecting the Ontario Bible College and Ontario Theological Seminary.

Your committee begs to report the following bill with a certain amendment:

Bill Pr31, An Act respecting the Brantford General Hospital.

Your committee would recommend that fees less the actual cost of printing be remitted on Bill Pr18, An Act respecting the Ontario Bible College and Ontario Theological Seminary and Bill 31, An Act respecting the Brantford General Hospital.

Motion agreed to.

Mr. Harris: I have a motion which would probably need the unanimous consent of the House for me to read it. It is very short. While I am reading it, I would be delighted to send copies forward to the House leaders of the other parties. I agree it is a unusual request; however, we have twice today given unanimous consent before we knew what was coming. I ask the indulgence of the House to do so, if that is acceptable.

Hon. Mr. Nixon: The honourable member has correctly indicated that the House has been fairly agreeable about unanimous consent, and I am hardly in a position to refuse it. If he is bringing forward something that he considers to be a motion under this order which deals with the business of the House with the thought that perhaps the House might be able to discuss it, we are not in favour of anything that would be, in that sense, out of order.

All of us as members have the right to put motions in Orders and Notices for consideration during private members' public business, or other motions dealing with confidence in the administration or whatever; but if this is something that does not deal with the ordinary business of the House, then I am not very keen about it.

Mr. McClellan: On the point of order, Mr. Speaker: I recall that at three o'clock the Conservative Health critic rose in his place and asked for unanimous consent to move a resolution. It is now four o'clock, and the opposition House leader has asked for unanimous consent.

I have been in the House for two hours and I am very close to the gentleman. If the opposition members had wanted to have some consultation about the possibility of obtaining unanimous consent to move their resolution, which is the normal way we do business in this House, I would have been pleased to listen to their request. They have not bothered to do that; so I am not inclined to accede to their request.

Mr. Speaker: I understand we do not have unanimous consent.

INTRODUCTION OF BILLS

ENGLISH AND WABIGOON RIVER SYSTEMS MERCURY CONTAMINATION SETTLEMENT AGREEMENT ACT

Hon. Mr. Scott moved first reading of Bill 76, An Act to implement the Terms of a Settlement of all Claims arising out of the Contamination by Mercury and other Pollutants of the English and Wabigoon and Related River Systems.

Motion agreed to.

REPRESENTATION ACT

Hon. Mr. Nixon moved first reading of Bill 77, An Act to revise the Representation Act.

Motion agreed to.

ORDERS OF THE DAY

REGIONAL MUNICIPALITY OF SUDBURY STATUTE LAW AMENDMENT ACT

Hon. Mr. Grandmaitre moved second reading of Bill 13, An Act to amend the Regional Municipality of Sudbury Act and the Education Act.

Hon. Mr. Grandmaitre: As many members know, the three elements of local government, the lower tiers, the upper tiers and the school boards, rely on property taxes as a major source of revenue. How these taxes are raised has become very complex. This has led to tax contributions being unfairly distributed among ratepayers who live in the same upper-tier and school board jurisdictions.

On March 19, 1986, the Sudbury regional council voted overwhelmingly in favour of reassessing all properties throughout the region on the same basis for each major class of property. This will bring fairness among taxpayers in the Sudbury region. Cost sharing among municipalities for upper-tier and school purposes will use the same assessment as that used in computing tax bills for individual ratepayers. Councillors, trustees and ratepayers alike will be able to understand and compare property taxes among properties.

4:10 p.m.

The bill, which I am now introducing for second reading, implements the desire of the Sudbury regional council. The legislation defines the area for the reassessment to be the boundaries of the regional municipality and authorizes the Ministry of Revenue to undertake

the reassessment. It will enable the regional municipality and school boards to establish uniform mill rates for both residential and commercial purposes for the region-wide services.

It requires that the appropriate portion of nontaxed revenues which is collected in lieu of a property taxation by the lower-tier municipalities be turned over to the region and school boards separately from property tax collections. It requires that every four years at least all properties in the region will be reassessed. It permits the province to provide grants to phase in intermunicipal tax shifts. There are companion amendments to the Education Act to allow this new and fairer means of levying school taxes.

Finally, I must emphasize that the reassessment requested in March 1986 by the council of the Sudbury region is for the 1986 taxation year. It is necessary to pass this legislation now to allow the different local government bodies to change their system of property taxation and allow the full benefit of the reassessment to occur.

The Deputy Speaker: Are there any questions and comments regarding the last speaker?

Mr. Gordon: I would like to comment on the minister's bill.

The Deputy Speaker: It is clear that this is your two-minute portion of comments and questions on his remarks.

Mr. Gordon: Two minutes. Thank you. Then later on we will have more time.

The Deputy Speaker: That is correct.

Mr. Gordon: In the 119 seconds that are left to me, after being informed about exactly how much time I had, I would like to say the minister and his bureaucrats will tell members that the regional municipality asked overwhelmingly for this market value assessment. During the time I shall have in a little while to speak on this, I will point out some of the reasons people living in Toronto and some of the neighbouring boroughs should think twice before they get into this type of assessment. Those are the comments for now.

The Deputy Speaker: Are there other comments or questions?

Mr. Laughren: I assume we are moving immediately into debate on second reading on this bill.

The Deputy Speaker: Yes, we are in second reading. We are in the comments and questions and going around.

Mr. Laughren: I will wait for that.

The Deputy Speaker: Are there other questions or comments?

Mr. Ashe: I have a very brief question by way of clarification. Can the minister please let us know what the March 1986 vote of the regional council was?

The Deputy Speaker: Excuse me. Are there any more comments or questions? I take it the minister wishes to reply.

Hon. Mr. Grandmaitre: The final vote was 18 in favour to one against.

The Deputy Speaker: Does any member wish to take part in the debate?

Mr. Gordon: I am delighted the minister said that with such emphasis and panache—really, 18 to one. It sounds like a one-sided hockey game.

Mr. Polsinelli: That changes the member's speech now.

Mr. Gordon: No, I have not changed my speech. I know it was 18 to one. However, I know also the municipalities in the region of Sudbury were informed that they need not look to the ministry for the grants they used to get in the past to help them over some rough edges. It was pointed out to them that the methods they have been using in the past just would not do in the modern world in which we live.

When the minister tells me with such conviction that it was 18 to one, as if he had just won the biggest basketball game in Ontario, I think he is pushing his luck a little far. Nevertheless, I do not want to be hard on him since he is the new minister. At the same time, he must remember—and he can give me a sign if he wants; yes, I will give him some more and I will not hesitate—he is the minister and he is responsible for this bill. It is not good enough for him to stand and say: "The regional municipality voted 18 to one. Whoopee. I do not have any responsibility here and my staff are just bystanders. They are just on the side."

Whenever the minister has a market value reassessment similar to this one, I hear brave words coming from the Treasurer (Mr. Nixon) and some of the other people in the Liberal government hinting and suggesting to the city of Toronto and Metro council that market value is long overdue down south and they should really get to it, get with it and get started. Before he gets into that line of talk, he should perhaps think about his civil servants. I believe we have an obligation to think about our employees.

I think about what Bob Vendette is going through right now in Sudbury. Here is a very fine gentleman whom I have known for years. He has been a good, loyal, energetic public servant.

What does the minister do? He leaves him in Sudbury to take care of all the complaints about market value assessment. The man has to go home every night to his wife and family carrying that heavy load, while the civil servants who are sitting in the gallery right now can afford to sit there and be very happy and at ease. They just fly into Sudbury, talk to a few people, listen to a few complaints and then fly back down here to Toronto and leave Vendette to carry the can.

I do not think it is fair. It is not fair at all. I am sure the member for Nickel Belt (Mr. Laughren) would tell the minister, in the great basketball game in Ontario called 18 to one, that when he is going to foist this kind of misrepresentation on to a region, he should not leave a civil servant like Bob Vendette hanging there turning in the wind. The minister would be better off to bring in somebody new and let him take the flak.

Mr. Laughren: Leave me out of this.

Mr. Wildman: The member for Nickel Belt could not even be a guard for a basketball team.

Mr. Gordon: Mr. Speaker, I want to know whether these New Democrats on the left are going to run this House or whether you are going to run the House.

The Deputy Speaker: No. The Speaker will run the House. It is correct that those two members are being a bit noisy, interrupting the member speaking.

Mr. Laughren: Go for the throat.

Mr. Gordon: I am just getting warmed up. The member for Nickel Belt wants me to go for the throat. That would be much too easy.

I am genuinely surprised that the minister, a former mayor from a very fine community, has so quickly forgotten the local taxpayer. It did not take very long in greener pastures. They come down here to Toronto and get the big limousine to take them around town and somebody to open the door for them, the east door. Is that not where the limousines are? Is it Winston's? What are some of the other fancy restaurants in this city now?

Miss Stephenson: Fenton's.

Mr. Gordon: Fenton's.

I can see the minister now as he sits there eating his salad at Fenton's. Is he worried about the local taxpayer? Is he worried about the little guy? No. The minister sits there fantasizing. Is he fantasizing about his staff who are in the Speaker's gallery squirming uncomfortably? Not at all. He does not think about them. He is fantasizing about how he is going to bring market value assessment to the great area of Metropoli-

tan Toronto. He is going to right all those wrongs.

4:20 p.m.

I will lay the minister dollars to doughnuts—I do not think that would be right, Mr. Speaker; you will probably tell me I should not lay any wagers in this House—but I will make the minister a bet that the government does not bring market value assessment in before the next provincial election. I dare him to bring it in. He will not bring it in.

What will he do instead? He will go up to the Sudbury region and say: "Hey, fellows, I have news for you. We are not going to provide you with any nice little grants any more. There is no point in the mayor of Sudbury coming down to Toronto any more. There is no point in flying down here or getting in your dogsled and coming down. There is no point in that because those grants are not going to be available any more."

That is what he told his civil servants to do when they came in and asked, "What can we do about Sudbury?" The minister was fantasizing at the time the deputy minister first came in to talk to him. I can imagine the conversation, which probably went something like this:

"Minister?"

"Oh yes, deputy. I was thinking I would like to leave my mark here at Queen's Park. I would like there to be a little tablet out on the lawn. I do not want a big statue, but a little tablet that says, 'Grandmaître: the minister who first brought market value assessment to the first region in Ontario.' That is what I would like, a tablet out there that says that."

He then said to the deputy minister: "Deputy, I have had this fantasy ever since I was elected. It is the one thing I really want to do. I want to have that on the little tablet."

The deputy said, "Minister, I have to ask you about northern Ontario, which is north of Steeles Avenue."

North of Steeles Avenue is like a cliff. It does not matter which government it is; anything north of Steeles Avenue does not count or matter. We saw that today.

As just a little aside, and I hope I will have the opportunity to make this little diversion, we saw that today when the Minister of Northern Development and Mines (Mr. Fontaine) was asked by—yes, I almost said minister because he has so much presence—by my colleague the member for Timiskaming (Mr. Ramsay), who got up and asked, "What about these meetings we are supposed to have about the cost of gasoline and the cost of things in the north?" The Minister

of No Development said, "In actual fact, we have not been able to do anything yet." That was despite the fact he told us about this a month ago. I bring up that point to illustrate that north of Steeles Avenue we just do not count.

I know what the minister is going to say. He is going to say, "That is a fantasy of the member for Sudbury, who believes we think anything north of Steeles Avenue does not exist."

Yesterday, I was attending a funeral in Sudbury. After the funeral we went to a little gathering in the Italian Club in Copper Cliff. I ask the minister to remind me to come back to the Italian Club in Copper Cliff. When I digress like this, if I should forget I was going to talk about the Italian Club in Copper Cliff, I want the minister to remind me I was going to do that, because it is an interesting story.

I met a gentleman from Sault Ste. Marie who is working very diligently, along with the other noted bureaucrats and noted entrepreneurs and politicians in Sault Ste. Marie, to try to do something about the many people who have been laid off in that community in the past few years. They are now facing another 1,500-man layoff.

The Deputy Speaker: Is this leading directly to market value assessment?

Mr. Gordon: This is coming right around to assessment, because those people in Sault Ste. Marie are going to have a lot of trouble with the market value assessment process that I believe has been brought into place in that community. Do I see one of the civil servants nodding at me in the background there? Has it been brought in there? It has. I knew I had read that somewhere.

As the minister indicated, it had been announced that 1,500 people are going to be laid off from Algoma Steel. The Ministry of Northern Development and Mines has done absolutely nothing. We have heard nothing. We have had some people come in to talk to us. They have gone away, and it is as if we do not exist. That is why this minister would have the nerve to make the Sudbury region the first region to have market value assessment in this province.

It makes me wonder. Here we have a region that since 1971 has had more layoffs and has had more working people lose their jobs on a per capita or percentage basis than any other region or municipality in Ontario. What happens north of Steeles Avenue as far as the government is concerned? It could not care less, and I think it should be ashamed. That 18-to-one vote, on the one hand, recognized very clearly, as it should, that we have people in our region who had been

paying too much in taxes and who do deserve that difference.

On the other hand, there are an awful lot of people in that region who are suffering right now and who are really going to suffer in three years when that sum of money he offered them—what was it again? I will save the minister the bother of telling me about it later on this afternoon—he offered the regional municipality \$7 million if it would go along with market value assessment.

The minister is going to tell me the regional municipality asked for market value assessment on two occasions, in the mid-1970s and just recently. Does the minister mean to tell me he is getting \$7 million out of the Treasurer's kitty for the region of Sudbury just because he likes the way we walk around in the bush in northern Ontario? Is that the reason we are getting the \$7 million?

As a matter of fact, he is giving us that \$7 million because he wants to bring in those regional councils and woo them into accepting market value assessment. I am willing to bet that \$7 million he offered, the money he says he is giving them for the next three years, would be about the amount of money this government would give all those municipalities in the regional municipality of Sudbury over the next three or four years to help them balance their taxes.

Do not tell me this \$7 million is any great windfall; it is not. The minister has not fooled me and I am sure he has not fooled the member for Sudbury East (Mr. Martel) or the member for Nickel Belt either, but he did fool some people who voted. With respect to the great basketball game in Ontario, he went up there and pulled a fast one. Let us put things on the record here.

Let us talk about the taxpayers. What about those taxpayers whose incomes are limited either because of unemployment or because their income cannot possibly meet the everyday expenses of supporting a home? What kind of opportunities will they have? Are we forcing these people to move into subsidized housing that we do not have? It has always been my theory that one helps people to remain in their homes, to raise a family in an environment that is conducive to good family living.

I would think the minister would remember that as a former mayor. One thing a mayor has to remember is that there are a lot of people living in a community who do not have as much as others. A mayor's first concern should be to try to see that he keeps as many of his people living in their

own homes as possible. I do not think he has done that in this instance.

4:30 p.m.

As a matter of fact, the minister did not even see fit to throw the city of Sudbury a carrot. Instead, Sudbury is using the reserves it built up over a number of years to try to cushion the impact for the next two or three years. It is not really going to cushion the impact. We all know that once the subsidy runs out, the game is over and then people pay through the nose.

What of the taxpayers in Sudbury who are unemployed? It is beyond my comprehension how the minister could decide to bring in market value assessment in a region that has an unemployment rate of 14 per cent, a region that over the past four or five years has had an unemployment rate that has probably run between 15 and 20 per cent and that has a welfare rate well above average for a municipality its size.

Mr. Polsinelli: There are a lot of other things in the back of my mind. That will be filed way in the back.

Mr. Gordon: Why would the minister pick that municipality to be one of the first? As I pointed out to him succinctly and clearly—I would like the member for Yorkview (Mr. Polsinelli) to listen carefully to and remember what I have to say—the municipalities within the regional municipality of Sudbury have been able in the past to come down here and get a little extra money to help them over the rough spots. Those days are gone. Instead, they have taken that \$7 million, which might cover the next three or four years, and lumped it together and said: "Here is the great big carrot. Go for it." I would like him to keep that in the back of his mind.

We have talked about unemployment. The other point is that there are unemployed people who are not going to be able to afford homes because of this change. We have a vacancy rate of around zero throughout the province. It is not much better in Sudbury. Will the minister now go out and build subsidized housing for these people? Is that what he will do?

This is one of the favourite ploys of government, to take what people have out of one pocket and try to give it back to them through another pocket, saying, "Whoopee, look what we have done for you." Reassessment will cause an unhappy situation for many. This government will soon find that the demand for subsidized housing in the region will become an agonizing experience for both the present-day local government and Queen's Park.

Must we not be concerned too about our senior citizens, who have saved in their lifetimes to own homes and now are faced with a substantial increase in taxes? This is something they never dreamed was going to happen. Institutional living is not the environment we want for our seniors. The government will say: "We are developing programs to keep seniors in their homes. We are going to run out and develop our programs a little faster now to help the seniors in Sudbury region." Reassessment will cause an unhappy situation for the elderly at a time when they should be enjoying the fruits of their labours.

The Sudbury region is still dependent on the mining industry. Although we have taken enormous steps in the diversification of the area, our working population is nevertheless made up to a great extent of those employed in the mining industry. The early retirements that took place in the past few years consisted of employees who had not reached the age of 60. Most of these retirees are still living in their homes and trying to keep them up on limited incomes; in most cases, there is barely enough to make ends meet. Will these home owners now be subjected to a heart-wrenching situation at a time when their incomes are considerably restricted? Can they now afford their homes? There are so many workers from Inco and Falconbridge who are in exactly that situation.

The types of pensions that big mining companies give out are not the types of pensions on which one can afford to go to Florida every winter. Many people are now going to be faced with considerable market value reassessments. The government will say: "Yes, but the member for Sudbury should recognize that about 50 per cent of the households are seeing a change. They are going down in their assessment. Therefore, they are going to benefit." I do not buy that 50 per cent. I would like some of the bureaucrats who are here today to run around a little faster and come up with some important figures that the minister can use later on in this debate.

How many lakes do we have in the Sudbury region? It is too difficult a question for the minister to answer. I will tell him how many there are. There are approximately 120 lakes in the regional municipality of Sudbury. What do people like to do in the north? After spending a great deal of time suffering from the inclement weather, because it is a littler colder in the north than in the south; after putting up with the frost, the deep freeze, the snow and the ice, they like to do what our Deputy Speaker does.

The member for Oxford (Mr. Treleven) talks quite fondly to me every once in a while. Most of our conversations revolve around how this wonderful man from southern Ontario takes the time to go north. Does the minister know why the Deputy Speaker goes north? He goes north because he has a cottage. We call them camps in the north, but down here they call them cottages. He goes up to his cottage. His cottage is one of the things he lives for.

In northern Ontario, we live for our camps. Most of those camps were built by ordinary workers. Those working people went out and hacked a road through the bush. Then they hauled in the materials. Sometimes they had to haul them across a lake in boats. They took the time over a number of years to build those camps for their own enjoyment. Now they are finding that those camps are going to be treated the same as any other property. They are going to have to pay market value assessment on them.

There are camps where perhaps they were paying \$200, \$300 or \$400 in taxes on them. Many of them are finding the taxes going up from \$400 to \$900 and more. Does the minister know how much time they spend at those camps? Those camps have no services. There is no running water. The municipality does not run sewers and water out to those camps. The municipality does not provide any services.

Most of these people hack roads, working together. For miles and miles, they have these roads going out to all those camps on lakes. There must be about 70 lakes that are inhabited right now. The roads are kept up by the people who own those camps. They get together and form an association. They put the gravel on the roads. Every spring they are back in fixing them up.

Most of the people who own those camps are ordinary working people. We are not talking about people with a lot of money. Northern Ontario or the Sudbury region is not like Toronto. It is not like some of the more established communities in Ontario. We do not have the pyramid effect where there is a good section of well-to-do, then another group of people who are close to being well-to-do, then another group of people who are close to close to being well-to-do, and then another group of people who are close to close to close to being well-to-do. We do not have that in the north at all.

4:40 p.m.

Most of the people are working people. They do not have a lot of money. For them, their camps

are a very important part of their lives and 90 per cent of them built those camps and those roads. They maintained everything and improved those camps over a period of years by the sweat of their brow. It was not because the municipality or the provincial government did anything for them.

Does the minister know what he is going to do to those people? He went up there and said: "Do we have news for you. We are going to offer the boys who sit around the regional council table \$7 million," which they would have received anyway, as I explained earlier, "and we are going to make everything uniform and pretty. We are going to try to make things more like the south," even though the minister never thought about us north of Steeles Avenue except when he had this great fantasy about how he was going to get this tablet put on the front lawn of Queen's Park by bringing region-wide market value to Sudbury region. This is his great claim to fame. He did not think about all those workers who have been pensioned off. What is going to happen to them?

I wonder whether the minister's staff took time on this, or if he asked his staff because we cannot really blame the staff. If the minister does not ask the questions, they are not going to give him the answers. I wonder whether he asked them to give him a demographic profile of Sudbury region. I wonder whether he asked them to find out what the average age is in that community. Does the Sudbury region have buckets of young people or adolescents? Are scoop trams full? Maybe that would make some of the people on the left a little happier. He might have to explain to them what a scoop tram is, but never the less—

Interjections.

Mr. Gordon: I have got them going now. We can see that.

The minister will find that one of the problems we have had in the north is that we lose a lot of our young people because we have depended upon single industries for so long, either forestry or mining. The haemorrhage of jobs, which has been talked about in this House by both opposition parties, has become a reality this year. We are losing an awful lot of jobs. Because of that, the young people do not stay. What has happened is that we have a gentrification, an ageing northern Ontario, which is much more severe and much more evident than we have south of Steeles Avenue. That means there are more pensioners, more seniors and more people who are going to be seniors.

What does one do? One goes in there and says: "La-di-da. Have we got news for you. The minister's fantasy is that we are going to have

market value assessment in Sudbury. We are going to be able to say this is the first region to have it. How wonderful. By the way, we are also going to take your camps and assess them at market value."

A lot of those people are not going to be able to afford those camps because they may spend only three or four weeks of summer in them—maybe six if they are lucky—because climate militates against the use of those camps. In the north we say, "If you are going to take a holiday in the summer, take it in July," because after mid-August, summer is over.

Somebody is going to get up and say: "The member for Sudbury should have realized. Maybe he did not do his homework. Tut, tut, tut; he did not do his homework." I know they are going to say I did not do my homework. I know someone is going to pass a note to the minister to tell me I did not do my homework, but I did do my homework. That is the difference.

Someone is going to get up in this House on the other side and tell us, "Fifty per cent go down and 50 per cent go up." Is that not convenient? The minute somebody tells me 50 per cent are going to go up and 50 per cent are going to go down, I have to suspect right away there is a game being played here. Those numbers are just too pat.

Let me tell the minister something, if he would not mind listening just for a minute, because I would like him to remember this. In northern Ontario and in Sudbury region, what everybody aspires to do is to have a camp—not a big camp, but 20 feet by 12 feet—usually made out of plywood and put up by that individual with the help of his friends.

This means that for somebody living in the city of Sudbury, for example—for one of those so-called 50 per cent—the taxes on his house may go down, but when he gets his tax bill for his camp, these taxes may have gone up significantly. Instead of paying \$300 or \$400, he is looking at an increase of \$800, \$900 or \$1,000 in taxes. Did the minister count them? Are they his 50 and 50? No way are they his 50 and 50. He should not tell this House it is 50 per cent up and 50 per cent down. He can say it in this House, but thank goodness the people of Ontario are much too bright to believe something like that.

I recall quite distinctly that one gentleman came to my constituency office recently. He is from eastern Europe. He said: "Jim, when I first came to this country I believed this was the best country in the world. I worked hard and I raised my family. My wife has passed away now. I have a home on this lake." Does the minister

remember that I told him how many lakes there are in the Sudbury region? This man built his home by the sweat of his brow. He did not build it with a contractor. He took time during a period of years to build that home.

The Deputy Speaker: The Minister of Natural Resources (Mr. Kerrio) is interjecting. He is being noisy. Please keep the interjections down.

Mr. Gordon: As he pointed out, he built that home by himself, by the sweat of his brow. He is on a pension from Inco. Does the minister know what he has found? He came to me and said: "I cannot afford this house any more because of the market value, because the taxes are going up on it. I worked hard all my life. I raised my children. My wife has passed away. I have this little house on the lake, and now the taxes have gone up. On the pension I get, I cannot afford to live there any more. I thought this was a good country, but it is not a good country. If I had thought this was going to happen to me at 62 years of age and on a pension"—he has been on a pension for six or seven years—"I never would have come to this country."

The minister should go up and explain these inequities to those people in the Sudbury region. He cannot explain them, because he is dealing with individual people. Each one has his own story. Each one of them worked hard, and now many are finding they cannot afford the very houses they are living in.

Miss Stephenson: Did you get that from the Italian community centre?

Mr. Gordon: No. I thank the member for reminding me.

I would like the member for Yorkview to listen to this. This is something he can understand. He has that extra perception. Let me tell him about the Italian Club in Copper Cliff. The Italian Club is located in a part of Sudbury called Copper Cliff, because Copper Cliff used to be a town on its own. There is a section of Copper Cliff that is called Little Italy and it truly is a remarkable geographic area. They have houses up there that are built very close together on little laneways that run in between the houses, and the club is pushed right up against Inco's fence.

4:50 p.m.

As a matter of fact, if one goes to visit somebody in Little Italy, the smokestack is right there, the stack that is called the superstack, which sends all that acid rain down this way and all the way to the Maritimes. When one goes to Little Italy, that huge stack dominates everything. One would have to be lying down on the

ground to be able to look up to the top of the superstack. That is how much it dominates that area.

Almost right next to that stack is the Italian Club. Next to the Italian Club is an oxygen plant, which makes a lot of steam, noise—you name it. The club's market value assessment went up. It is looking at taxes of maybe \$6,000 or \$7,000 more on that building.

I want the member for Yorkview to listen to this very carefully. I will have the president of the Italian Club give him a call. Perhaps we should arrange for that member to be given a call by the president of the Italian Club in Copper Cliff and let him explain what has happened.

As they said: "We are an older community and we do not have that many young people coming behind us. They put a ridiculous market value on this club. We could not sell this club for the market value they have given it."

The people who belong to the Italian Club are volunteers. They have their dances, they rent the hall out and so forth, and it is all volunteer work. It is unjust that the government would raise their market value to that point. It is also unjust that they should have to pay those kinds of taxes.

The government will say, "Fifty per cent go up, 50 per cent go down." It has all these nice bureaucratic ways of cushioning these things and making them sound as though, "Well, too bad; that's life." If this government is so brave, if the minister's fantasy is really so big, then I am just waiting till he does it in Metropolitan Toronto, because they will lynch those guys. The government is lucky we are at least four and a half hours from here by car.

I say to the minister, who is so imaginative, that reassessment in this region may be necessary, but there has to be a better way. If it is more expensive to operate the regional municipality of Sudbury, the city of Sudbury or the towns in the region than it is to operate our southern communities, then it is evident that it is considerably more expensive for a home owner to keep up his home. It is just as simple as that.

It is more expensive. In the north it costs more for everything. It costs more for fuel, for travel, for food and for shelter. If it is costing the municipalities more, surely it should be evident to this government of the people that it is going to cost more. Yet here it is bringing in market value assessment and saying, as the minister said earlier, "Oh, well, 18 to one, you know."

I cannot believe a former mayor would dare to say this in that tone to me, another former mayor. I sat on regional council long enough to watch

municipal councils. There have been times when councils have voted 10 to one and the public out there did not agree with it. That is not an unknown fact. Numbers do not really mean that much when we are talking about things like this.

To be faced now with an incredible increase in taxes after years of supporting a system that is beyond the capability of most municipalities in this province is insane. Keeping this in mind, why was the Sudbury region considered to be no different from other municipalities in this province when reassessment was being considered? Our regional council made these points. Council was told Sudbury had to be treated in the same way as other municipalities.

If that is the case, will the minister give us a date today when he is going to bring in market value assessment for Toronto? I would like to hear it, since Sudbury is going to be treated the same as everywhere else. I would be glad to talk to Toronto city council about market value assessment any time. I am just waiting for an invitation.

Are we the same? To prove we are not, we perhaps should be lining up our inequities against those of our southern neighbours. I can assure members the answer will be very clear. There are situations in this region that are far beyond the realm of other communities in this province.

For years, the municipalities were not allowed to tax the mining companies. Instead, they were given what were called mining revenue payments, which the province figured would give so much. That is all they got. We could not bill. We did not have the facilities that one sees in the rest of Ontario. We do now, but we did not have them then.

Over the years, there have been exceptions for the north because of its unique circumstances. Our difficult situation still exists. Reassessment in this region should have been determined with our specific problems in mind. It is wrong to consider the region as being parallel with other regions in this province.

There is a lot to be said about people who own farms in the Sudbury region. What does a farm in the Sudbury region produce? The land owner has struggled for years to make his farm productive only to be hindered by the short growing season and the rugged terrain, which is not always conducive to profitable growth. Most of these farms are located in a part of our region that will never see growth and are occupied by an ageing population for residential purposes only. These properties have been assessed using the same

criteria as those used for large, crop-producing farms in southern Ontario. That is shameful.

What is going to happen in the Sudbury region? A lot of these people will be giving up their farms. One is going to see them being given up for taxes. Then either the members on the left here, or other members of this House, will be getting up and saying what a shame it is that the people in the Sudbury region are losing their farms. That is wrong.

I would again like to emphasize to the minister that I think it is wrong that a cottage which is used for a few months of the year should be assessed as a year-round residence.

It is difficult to comprehend the logic of assessing vacant, unserviced lots in a rural area in the same way as fully serviced lots in urban areas. That is what is happening in the Sudbury region. Many of our residents hope the minister will look at some of the problems that can be rectified immediately and come up with base criteria which will correct these inequities.

5 p.m.

The residents of this region are not easily convinced that all is well. In wards 8 and 9 of the city of Sudbury, the people fully realize the crunch will come three years hence. Wards 1 to 7 in the city of Sudbury are being similarly assisted, but they will be helped through city of Sudbury reserves, which past and present councils have worked diligently to set aside. It is most insulting that the seven wards in the city were not given equal consideration from the government in the case of subsidies. It appears to me the city of Sudbury was being penalized for being frugal over the years, and I do not see that as being fair.

I remind the minister that the residents of wards 1 to 7 are also mindful of the exorbitant taxes they will be faced with three years from now. There has to be more concern from the minister to help to allay some of the fears and problems in Sudbury region. This is a situation that has never been experienced by the residents of our communities in this region and it is one to which more thought should have been given. On that note, I will have to say the minister has some serious thinking to do when he is talking about Sudbury region. I hope I do not see that tablet go up on the front lawn before this next term is over.

Mr. Polsinelli: I do not think two minutes for my comments would allow me to do justice to the speech of the member for Sudbury (Mr. Gordon). It was so eloquent in describing the problem. In the full hour and some minutes the member spoke, he did not once indicate that the purpose of this legislation is to restore equity to

the system. He did not once indicate the purpose of this legislation is to restore a sense of fairness so people who have properties that are worth the same amount will be paying the same amount of taxes.

He referred to the former mayor as having forgotten the local taxpayer. The people who forgot the local taxpayer are the people on the opposite side. If they had taken action, if they had constantly reassessed the properties rather than letting them wait for 33 years and letting these disparities occur, these problems would not exist today. In Metropolitan Toronto, they have not touched assessments since 1942-43. That is 43 years of inequity.

When the member rants, raves and talks about the unemployed people, the people on low income, the pensioners who are going to be hit with the higher property tax, my heart goes out to them. He does not mention that there are those pensioners in less expensive properties who are on the same fixed income and who are subsidizing those people who are paying less taxes and have properties that are worth four or five times their value. I can point to specific cases in North York of owners of properties worth \$100,000 who are paying exactly the same amount of taxes as those with properties worth \$500,000. Those are the situations the member does not refer to; those are the situations the member should be thinking of and looking at also.

The Deputy Speaker: Does the member for Sudbury wish to reply?

Mr. Gordon: Do I have two minutes?

The Deputy Speaker: Yes, that is correct.

Mr. Gordon: Two minutes is perhaps too long a period to answer a reply like that from the member on the other side.

One of the very sad things about this regional assessment in Sudbury region is there are no built-in benefits nor are there any built-in programs to help those seniors or those pensioners, those people who are not going to be able to afford their properties because of what has happened. I do not think the minister's program recognizes that this is really an ageing population in Sudbury region and these people just do not have the kind of money to put up with the kind of stuff he is foisting on them right now. Do not give me this 50 up and 50 down. That is a bunch of malarkey.

Mr. Laughren: I want to caution the Liberal members of this chamber not to get too excited about the comments of the member for Sudbury. They should hear him when he is opposed to a

bill. If I wanted to sum up the hour-long speech by the member for Sudbury, it would be in that ringing declaration, "Market value is necessary for Sudbury, but there must be a better way." I do not think I am being unfair to the member for Sudbury when I sum up his remarks that way.

I should remind the chamber that the regional municipality, as the minister has told us, supported the bill almost unanimously. I believe at one regional council meeting it was 18 to one and at another it was something like 17 to three. The last vote was taken when the senior civil servants went up to talk to the region and three people voted against it. One mayor, one regional councillor and one alderman of the city of Sudbury voted against the proposal.

There are major problems with property tax in Ontario. It would probably not even be useful to go through the way in which the previous government ignored the inequities that we live with to this day all across this province.

The municipal government in Sudbury actually requested the reassessment, section 63, on numerous occasions: the town of Onaping Falls on May 27, 1985; the town of Rayside-Balfour on June 11, 1985; Valley East on December 13, 1984, and February 5, 1985; the town of Nickel Centre in January 1985; the town of Walden in January 1985; the city of Sudbury in April 1985, and the town of Capreol in 1983 and again in 1985. There have been numerous requests by the region and by the area municipalities to do something about this and to do an impact study.

There has been a lot of correspondence about this. I was impressed by the way in which the Ministry of Revenue people went to Sudbury and the region and attended various public hearings. That is not an easy task. They were at the beck and call of the area municipalities and, as far as I know, responded to the questions that were put to them at the public meetings that were held throughout the region.

One area municipality in the region is still opposed, and that is the municipality of Rayside-Balfour, which is in my constituency. Three of the regions' area municipalities are in my constituency. Two of them have voted in favour of market value assessment for the region and one, namely, Rayside-Balfour, has voted against it, although I would add that in the past, Rayside-Balfour voted for it. It is only within the last couple of months that it had a change of heart when the phone calls started coming in.

The community is unquestionably divided on this bill. There is no question that those whose taxes are going to go up will oppose it and those

whose taxes will go down will obviously support it. I was pleased to learn that a committee has been established in the region that is going to look at the whole problem of protecting the owners of vacant property and cottage owners. I believe there are inequities, particularly with vacant land.

5:10 p.m.

In the Sudbury basin, there are a lot of do-it-yourself working people from the mines who have built their own cottages, who had no idea of the market value of those cottages. They built them during the last 25 to 30 years and, because they had not put that kind of money into them, had no idea just how high the market value was on their cottages. That is what is causing a real jolt to the community. The same can be said of vacant land, which is not good farm land by and large; it tends to be simply vacant land.

The problem is that whatever kind of property tax reform is being brought in by this government, it has nothing to do with the ability to pay of the people who own the property. If they like, members of the official opposition can rant and rave all day long in the assembly about this bill, but while they were in government, except for giving some minor property tax credits, they never did anything to reform the tax system that reflected the ability to pay of the people who own those properties. To this day they would not support an ability-to-pay property tax reform resolution.

They can talk out of both sides of their mouths if they like and they can shed their crocodile tears for people who pay more in taxes, but they would not change the present elitist tax system we have in this province. They had an opportunity for 42 years and they did not change it. As a matter of fact, they made it worse.

I am not sure the Liberals should be thumping their desks. I have not seen any indication from that side that they are serious about making ability to pay a component of property tax reform. I have not seen any indication of that from that side. They are not going to do it. If the government were serious about property tax reform, it would remove education, health and social services from property taxes. That would be the real test of whether they believe in property tax reform or whether they believe in fairness.

I am not saying they should do it all at once. They should phase it out and in the interim period—

Hon. Mr. Nixon: It is like OHIP premiums. We are phasing them.

Mr. Laughren: Yes, the government is phasing out OHIP premiums. I know the Treasurer wants to do that first.

Mr. Epp: Phase out all taxes.

Mr. Laughren: Do not be silly. What does the member mean by "phase out all taxes"? When property taxes are phased out that way, provincial income taxes and corporate taxes will have to be increased in order to make up for that. There is no free lunch, as the member for Waterloo North (Mr. Epp) seems to think there is. Taxes cannot be phased out and not be replaced with something else.

Mr. McClellan: The member for Waterloo North is fiscally irresponsible.

Mr. Laughren: That is right. He would be an inept assessor.

If education, health and social services were removed from property taxes, 70 per cent of property taxes would no longer be paid by the property owner. Someone will have to explain to me the relationship between health, education and social services, and property taxes. I believe the hard services belong on property taxes, but I do not believe the so-called soft services belong on property taxes. Yet that has been a long tradition. I understand the problem of phasing it out and adding it to the provincial income tax. Obviously, the provincial income tax is going to be increased, but that is surely the best measurement there is of equity. That is progressive income tax, the best one we have in this province.

Governments over the years have done everything possible to disguise the tax system. It is done through sales tax, OHIP premiums, federal excise taxes and liquor taxes. The government stands up and pretends it is going to bring more equity and fairness to the tax system by introducing market value assessment to one region or another. That is not the case. In my opinion, it will bring some order out of chaos in the property tax system. That much I do believe, but I do not think it will do anything more than that.

It will make some people pay less and some people pay more, but it has nothing to do with the ability of property taxpayers to pay their taxes and absolutely nothing to do with their income levels. Until that happens, nobody has the right to call market value assessment property tax reform. It is not true reform; it is simply tampering with the system.

In the Sudbury community for many years now, my colleagues, particularly the member for Sudbury East, have been talking about getting

the mining companies to pay their fair share. There are ways they could pay more. The underground machinery at Inco and Falconbridge could be taxed. There is such a thing as a foundation tax that could be applied against the two companies that would give more revenue to the local level.

It must be almost 10 years ago when the Blair commission was holding hearings across the province. I remember making a presentation to that commission and seeing what the region was feeling as well. The region felt there should be more revenues retained at the local level. Here we have a community which, as far as I know, is the world's largest mining complex; yet it is grovelling for money year after year after year. That is inappropriate.

The member for Sudbury talked about the increase in the number of pensioners in Sudbury. An enormous number of pensioners have taken early pensions from Inco and Falconbridge as a result of early retirement incentives. Any kind of property tax is difficult for these people. More than half of all property tax revenues in the Sudbury basin are paid for by residential taxes, either on single-unit or multiple-unit residences. That is not unusual in terms of the province; probably right in the middle.

I tried to find in the book put out by the Ministry of Municipal Affairs called *Local Government Finance in Ontario*, a comparison of tax levels across the province. It is a sad comment when one picks up a major document like this and cannot find that information. I do not know why it would not have the kind of documentation that tells the people in Sudbury the kind of property taxes they pay compared to other municipalities; it is simply not in there.

What is in here is a throw-away paragraph which talks about average property taxes in the following communities: The average residential property tax paid in 1984 for all Ontario was \$1,036; in Toronto, \$1,263; in North York, \$1,401; in Vaughan township, \$1,687, and in Rockcliffe Park—this did my heart a little bit of good—it was \$3,752.

There are no data on Sudbury or any other community I wanted to find. That is simply not there. I do not know whether it is a deliberate omission or an oversight, but it seems that is the kind of figure the average person out there would like to see in a municipal affairs document that deals with property taxes and municipal finance. I do not know why it is not there. It is a silly omission that should be corrected.

In my view, the real question we should be debating in this chamber is not whether to have market value assessment but how to make the property tax system fairer than it is now. I hope in the months and perhaps the year to come there will be some indication from the government that we will be able to have a serious debate about property tax reform.

Before I conclude, I would like to say a word about the regional municipality of Sudbury. My colleague the member for Sudbury East and I have not been consulted very often about reforms in Sudbury, and this is no exception. Over the years, including when the member for Sudbury was the mayor of Sudbury, we were not consulted. They were quite happy to have the tax system remain as it was.

5:20 p.m.

It is time the regional municipality of Sudbury joined us in an attempt to obtain more revenues from the mining companies. We are not talking about taxes from profits; we are talking about taxes from property in the Sudbury basin.

There have been really tough times in the Sudbury community in the past eight or nine years. During that time, people have paid their property taxes. By and large, they have scrimped and saved during layoffs, shutdowns and strikes, and they have paid their property taxes. That is why I do not listen very seriously to people who say we cannot increase the taxes on the mining companies in hard times. When the people who work at those mines had hard times, nobody was forgiving taxes. I feel very strongly that more revenues from the mining companies have to remain in Sudbury.

Quite frankly, I do not care how it is done. I think it can be done through property taxes, through either the foundation tax or the assessment of underground machinery. Inco and Falconbridge are underground empires, and there is an enormous amount of wealth that is not taxed beneath the ground.

There is no reason that could not be done. Just because the previous government always refused to do it does not mean it cannot be done and does not mean this government should not attempt to do it. The present government should ignore the cosy relationship the previous government had with the power structure in Sudbury and should get on with meaningful property tax reform as it applies to mining communities. By the way, I think it would be doing a service not only to the Sudbury community but also to all mining communities, which simply do not get a fair

share of property taxes from the mining companies that are located within their jurisdictions.

In conclusion, I am supporting this bill because of the almost unanimous request from the region. We know there will be problems with it, but we hope the government, once this is behind it, will move on to introduce some more meaningful property tax reforms.

Hon. Mr. Nixon: I would like to make a brief comment on the speech of the member for Nickel Belt. I appreciate his support for the concept of market value assessment and I have a certain degree of agreement as well that that does not make it any easier for the people assessed, reassessed or otherwise to pay their bills.

The fact that the average property tax now is just under \$1,100 is an interesting subject, and I will see that some specific information dealing with Sudbury values is sent to the honourable member. However, I felt I should mention that the Ministry of Municipal Affairs, the Ministry of Revenue and the Treasurer are assisting in the transition in the Sudbury region, which is a unique situation indeed. I am quite troubled as Minister of Revenue and Treasurer that other municipalities undergoing reassessment will think it is quite a good idea that similar support might be forthcoming for them. I wanted to make it clear, particularly to any citizens of Sudbury who might be reading this debate, that the funding of about \$6.5 million is because of the unique circumstances there.

We know that in all communities, reassessment puts a strain on those whose assessment increases, obviously, but up until now it has been the policy of the government to allow the local municipality to use the flexibility in the Assessment Act and the Municipal Act to phase it in or assist residents who might be unduly affected. The fact that some additional assistance was found for Sudbury was because of the very complex situation that the officials in the assessment branch of the Ministry of Revenue were able to straighten out in about the most professional and effective way that could possibly be done. I particularly appreciate the comments from the member for Nickel Belt, which were complimentary to the assessment officials in this regard.

The Acting Speaker (Mr. Morin): Your time is over.

Any questions and comments? Does the member for Nickel Belt have any reply?

Mr. Laughren: I think I have said all I need to say.

Mr. Gregory: It is a pleasure to have an opportunity to make a few comments on this bill, having had something to do with market value assessment back in the good old days when Ontario was blue and God looked down from His heaven and saw that things were all right. We took a major step at that point under a former minister, Lorne Maeck, who was the member for Parry Sound.

Mr. Haggerty: How about Darcy McKeough and all his dialogue in this area?

Mr. Gregory: I do not know what it is about me. When I start to speak, the member for Erie (Mr. Haggerty) comes alive. He sleeps most of the time. I think he is an assigned hit man or something.

The Acting Speaker: Please address your remarks to the bill.

Mr. Gregory: Yes. I was just going to say I think the member for Erie is an assigned hit man for some reason. He comes alive and opens his eyes brightly when the member for Mississauga East starts to speak.

The Acting Speaker: Just ignore him.

Mr. Gregory: I intend to ignore him. As I was saying, I remember Lorne Maeck, who was the member for Parry Sound, the same area our whip represents at this time, coming to cabinet and bringing the suggestion of an amendment to what was then section 86 of the Assessment Act. The situation of market value assessment was brought into being.

At that point it was determined that municipalities could opt for market value assessment within the specified categories, not cross into industrial, housing and so forth. This policy was carried on by the member for Durham West (Mr. Ashe) when he was Minister of Revenue. I myself had the pleasure of serving in that capacity. At the time I ceased being the Minister of Revenue, three quarters or 70 per cent of the municipalities in Ontario had opted for market value assessment.

I do not think there is anything new in this situation except that this is the first time the Minister of Municipal Affairs (Mr. Grandmaitre), the Minister of Housing (Mr. Curling) and the Minister of Revenue (Mr. Nixon) have allowed a regional assessment. I find this totally acceptable. Had I remained in the Ministry of Revenue for about one more year, I would have opted for this course of action. The Deputy Minister of Revenue, the assistant deputy minister in charge of assessment and I discussed this on

many occasions. To start assessing regions would be the way to go.

I totally support this concept. I have one or two concerns of a minor nature I would like to express, but basically the minister is on the right track. I give full credit for this to the Deputy Minister of Revenue, Mr. Russell, and the assistant deputy minister of Revenue, Mr. Lettner, who are in the audience. They are proceeding in a very intelligent and orderly fashion.

Today I have heard concerns about increased taxes, and they are all valid; there is no question about it. Any time there is a reassessment using market value, the taxes of some people are going to increase. This is understandable. It has probably happened in every one of the 450 reassessments that have occurred. There is an element that is going to be faced with increased taxes. To give them the argument that some taxes go up and some go down is pointless, because they do not buy it. The fact is, their taxes are going up and they object to it.

Not very much is heard from the people whose taxes are going down. There is something funny about that; I do not know what it is. Nobody whose taxes are going down objects, although I believe that in my experience as Minister of Revenue, we did have some cases in Newcastle. People appealed their taxes and some of them were not aware their assessment had gone down. It came as quite a surprise to them.

We are going through this with 350,000 people in the great city of Mississauga. The council of the city of Mississauga opted to go the market value assessment route. I am told there were only 2,700 appeals from 350,000 people. I hope I am not quoting the wrong figure. That does not seem to me to be too loud an objection.

5:30 p.m.

However, that does not make the objections of people any less serious when some of their taxes are going up 200, 300 and 400 per cent and some even higher.

It is useless to use the argument that their taxes are going up. They probably have not been paying enough along the way. That is fine. It is logical and very true, but people are not going to accept this too readily. It is also true that once the initial flurry of the reassessment under section 63 is finished and done with and the appeals are heard, in the future one does not get too many objections or complaints about it.

What one does get is people taking the attitude that their taxes go up every year. It is muddled in their minds and they are associating assessment

directly with taxation. It is not associated, and we all know it is not. Taxation is set. The amount of taxes to be paid is set by the municipal council, which sets the mill rate. The assessment base is just that, a base on which it can apply the mill rate.

Unfortunately, when people say, "My taxes went up," they immediately blame the province and say, "The province raised my taxes." The province did not raise their taxes. The assessment under market value assessment does not increase in a municipality. One ends up with the same assessment on a gross basis as one had prior to the reassessment. It is difficult to explain this to people, but nevertheless it must be explained to them.

We have a situation in the region of Sudbury, which is a first-time thing. I hope it is one of many to come in the future because it seems to me the only way we will ever have a truly fair assessment system or tax system is if the whole of Ontario is eventually assessed on a market value basis right across the province.

Mr. Haggerty: The member was Revenue minister.

Mr. Gregory: Right. I have advocated this for many years. We are going to be faced with this in the near future if one can believe, as one always believes, the words of the Treasurer. I have never questioned him for one minute. We will have the possibility of market value assessment in Metropolitan Toronto.

Indeed, as Minister of Revenue I spent many hours, a great deal of time, negotiating with the mayors of the various municipalities and talking about when we could do this. My position was not dissimilar to the position taken by the present Treasurer. He would like to see this done on a co-operative and negotiated basis between the municipalities.

It is going to be a very difficult thing to do. I had gained some ground. I hope the Minister of Municipal Affairs is able to get some degree of consensus from Metropolitan Toronto to implement this. This is the only way he is going to clear up a very bad situation in Toronto, when he does get around to doing this. I have mentioned this to the minister.

We understand there is a \$7 million subsidy going to the region of Sudbury that is going to assist in getting over the hump in this case. I do not dispute that. I will dispute it if the same situation arises in Metropolitan Toronto, because right next to the municipality of Metropolitan Toronto lies a rather large city named Mississauga which is going through the pains of

reassessment. We are getting the same objections from people that we got in every one of the 450 municipalities done previously.

If there is any trendsetting precedent here; if the minister has it in his mind that in future, market value assessments will be done and people will be promised subsidies for whatever reason—political or because of poverty or whatever; if the minister decides to subsidize market value assessment not only in regions but also in municipalities, then he will get himself on to a very slippery slope. He will have requests from many municipalities to do it retroactively and he will have requests from many municipalities to do it on reassessments in the future.

I can understand in a first-time case, with the unique situation in the region of Sudbury, that this may be necessary. In that case, I, for one, on this side of the House urge him to do so and I urge him to do so with all haste. I think it very necessary, but I would find it very disturbing if at some time he appeared before this House with a bill, saying, "We want a subsidy for North Pumpkin Corners where we want to reassess but where they are having some financial troubles."

Hon. Mr. Nixon: South Dumfries.

Mr. Gregory: South Dumfries and Earl's Esso.

Mr. McLean: Earl's Shell.

Mr. Gregory: Earl's Shell; sorry.

That is a thing the minister is going to have to watch and be careful of, because, whether he likes it or not, and whatever message he gets across to the region of Sudbury that we are making an exception in this case, people are reading about it. No doubt he has already heard from Mayor McCallion in Mississauga, who has a suggestion that some subsidy would be in order. I know precisely what answer he gave her too; but then I knew the conditions she put on that request to the minister. I think her suggestion to him regarding Metropolitan Toronto was probably precisely what mine was, perhaps not word for word but probably very close to it. She might have thrown in a few expletives; I do not know.

Hon. Mr. Nixon: We do not use those words.

Mr. Gregory: She does not, except by mistake. Sometimes they slip out. I do know how strongly Mayor McCallion of Mississauga feels about this. She has certainly conveyed that to me and to the member for Mississauga South (Mrs. Marland) and, no doubt, to the member for Mississauga North (Mr. Offer), who I wish was here. He might find this interesting. Perhaps not.

Mr. McLean: He does not spend much time in the House.

Mr. Gregory: Oh no, he is a very regular man. He always tries to be here when the member for Mississauga East is speaking. I know that. He makes a special effort to come.

I am on this bill, Mr. Speaker. I was saying the member for Mississauga North would love to have been here to hear my debate on Bill 13, which we are discussing.

Mr. Wildman: Back to the bill.

Mr. Gregory: Right. I have given credit to Lorne Macck. Right?

I gather my party will be supporting this bill.

Mr. Haggerty: What about the member for Sudbury (Mr. Gordon)?

Mr. Gregory: I do not speak for the member for Sudbury any more than the member for Erie speaks for me. He speaks at me; he yells at me; he heckles me from time to time. It is nice to see the member awake.

At any rate, the market value assessment under section 63 is not perfect. We all know that. I was interested to hear the remarks of the member for Nickel Belt, who was taking a position that education, health and a couple of other things should be taken out of property taxes. This is a change in position for the New Democratic Party. The last time I heard, the position of the New Democratic Party was that there would be no property taxes. It would all be handled by income tax, the so-called "progressive" tax, or sales tax, which I understand is now progressive, according to a government spokesman I heard recently. I cannot remember who it was. That was very interesting. I heard that and I found it very interesting.

Frankly, I do not see that it improves the situation. I do not see too much wrong with what is now called the "assessment" way of taxation. It used to be called the "wealth tax." Perhaps we have outgrown that but it seems to me that assessment or a property tax reflects a person's commitment to his community and I think there is a certain merit in that.

There are questions. When I was Minister of Revenue, we were looking at getting away from the idea of reassessing because of improvements. I always took the view that if we got rid of assessing improvements and did it for everybody, it would not be such a bad idea. It would not affect the assessment in any way. But, lo and behold, the people who object to that are the councils of municipalities, which see that as a little bit of—

5:40 p.m.

The Deputy Speaker: Order. There are two things. Up in the area to my right, the member for Mississauga South and the member for London South (Ms. E. J. Smith) are leading a bit of a disruptive, noisy area. Would you please keep the noise level down? Also, the member for Mississauga East is straying from Bill 13.

Mr. Gregory: I apologize if I was straying from it. I thought we were talking about market value assessment and that was the nature of Bill 13. Am I on the same bill? Bill 13, An Act to amend the Regional Municipality of Sudbury Act and the Education Act. I will not touch on the Education Act because it is an offshoot of the basic premise of this bill, and that is reassessing the market value assessment.

I do not want to go on at length, but I find this subject very—

[Applause]

Mr. Gregory: I do not know how members can applaud a statement like that when they know very well that I have been nothing but complimentary up until now. I could just as easily change my position and argue equally strongly on the other side, if that is what they would prefer.

I have taken the position of supporting Bill 13 and I am trying to tell members of the wonderful merits of their suggestion and the wonderful merits of the Ministry of Revenue. I am not going to speak too highly of what used to be the Ministry of Municipal Affairs and Housing. I always felt they had too much play. They had more play than they deserved when the work was being done by the very capable staff of the Ministry of Revenue.

I am surprised that the Minister of Municipal Affairs is carrying this bill. I thought it would have been the Minister of Revenue. Why it was not done that way, I do not know, particularly when I know the backup staff are all from the Ministry of Revenue. Maybe the members are spreading themselves too thinly. One is having to take the work of another, or one understands it better than the other.

I applaud the intent of the minister's bill. I applaud what it is doing. It is very necessary. As I mentioned earlier, the sooner we can do a market value assessment across Ontario, the sooner we will be well on our way. Some 75 per cent of the municipalities have been reassessed and they do not have far to go. There are some holdouts, of course, and we are always going to have them. The biggest holdout is right in Metropolitan Toronto, and that is a difficult one to solve.

My colleague the member for Bellwoods (Mr. McClellan) is nodding his head. I thought he would be opposed to that. I do not understand why. How does one take a position opposed to fairness? I do not understand that.

Mr. Wildman: The members opposite are doing that on Bill 94.

Mr. Gregory: No, on Bill 94, we are trying to be fair to everyone, including the doctors. There is nothing unfair about that.

The Deputy Speaker: Order.

Mr. Gregory: Mr. Speaker, with the greatest respect, what has Bill 94 to do with this bill? Why did the member bring it up?

The Deputy Speaker: Disregard the interjections, which are out of order and off topic. You stay with Bill 13.

Mr. Gregory: Thank you, Mr. Speaker. I know it is within your capabilities to keep control over that member. Would you tell him he is on the wrong bill? We are talking about Bill 13.

The Deputy Speaker: He does not have the floor. He is interjecting. You disregard him.

Mr. Gregory: I look forward to the debates in the House if and when it is necessary for the bill on Metro Toronto to come here. That will be a hot and heavy one. I imagine there will be an awful lot of delegations. In the interest of fairness, I urge the minister to go ahead with that action as quickly as he can.

In the meantime, the minister has taken a very important step in opting for the first regional market value assessment in Ontario. I urge him to continue with this. He might take a look at some of the larger regions around and consider some confusing situations where market value might right those situations. His big challenge will come with Metro Toronto. He has taken a first step here. He will get flak from it and he will get people saying: "Our taxes are going up. Our assessments are going up," but he will not hear from too many of the people whose assessments are going down. That invariably happens under this sort of thing, so it can be expected.

I know that the minister, a former mayor, is used to flak. I know he will not knuckle under to that flak. I hope he will not knuckle under to it. I hope he will act as a responsible minister will, or should.

Mr. Wildman: Does the member want him to agree with the member for Sudbury?

Mr. Gregory: I think I recall the Speaker saying something about interjections?

The Deputy Speaker: They are out of order.

Mr. Gregory: The member for Sudbury is finished speaking, I believe.

The Deputy Speaker: Yes, carry on.

Mr. Gregory: I am almost finished speaking too, Mr. Speaker. I know that is going to please the members.

Mr. South: That is the best thing we have heard in the last half hour.

Mr. Gregory: I thought the member for Frontenac-Addington (Mr. South) was enjoying my remarks.

The Deputy Speaker: Order.

Mr. Gregory: As I mentioned before, I could easily argue the opposite position just as strongly. It could be done. The reason I am going on like this is that I cannot express my opinions strongly enough. I think the minister is on the right track. He will not always be on the right track.

For example, he does not know anything about taxis. He knows nothing about the taxi problem between Metropolitan Toronto and Mississauga. He does not know word one. I hope he is going to get some good advice, better advice than he has had up to this point.

The Deputy Speaker: Order. The member will go back to Bill 13.

Mr. Gregory: I was talking about the regional taxi problem, sir.

The Deputy Speaker: The taxi problem has nothing to do with Bill 13.

Mr. Gregory: Oh.

Mr. McClellan: The meters are running.

An hon. member: Mississauga is watching.

Mr. Gregory: I know. I certainly hope so. I have said nothing bad yet. I am talking about the regional bill, Bill 13, regional assessment in Sudbury.

An hon. member: All morning.

Mr. Gregory: I hope they do not have the taxi problems up in Sudbury that they were having, that largely confused me when—

The Deputy Speaker: Order. Confine your remarks to Bill 13.

Mr. Gregory: Yes, I am trying to. I do not get to speak very often, Mr. Speaker, but when I do I like to cover as many bases as possible. At any rate, having kept the minister's rapt attention for the last few minutes I know he will take my advice to heart. I know he will proceed very carefully, carrying a big stick at the same time. He should be careful when he gets to Metro

Toronto because I will be standing here arguing just as vociferously if he starts talking about subsidizing Metro Toronto at the expense of the rest of Ontario.

Mr. Epp: I am pleased to see the member for Mississauga East is supporting the bill, a bill that we find very proper for Sudbury and one, we think, that is going to address many of the needs of Sudbury.

One of the important things to remind members of is that when we talk about tax reform we are talking about market value assessment. We are talking about no net increase in the amount of taxes. Although there are adjustments within the categories there is no net increase in the amount of taxes that are being raised by a municipality or by a series of municipalities.

What market value assessment is doing is bringing about equity and fairness within the system. This is what the minister is trying to do in bringing about section 63 in Sudbury, and what he is trying to do in other areas of the province and what his predecessors have tried to do across the province.

It is also important to note that when some members suggest we should take health, education and social services away from property taxes, although this might be a very enviable position to be in, it is also important to note that if one is going to take all educational taxes away from local municipalities then one is eliminating all local representation from that, because if the province is going to pay 100 per cent of the education tax it is, of course, going to want 100 per cent of the say.

By doing that one is immediately totally eliminating local autonomy from municipalities. I am not sure one would want to accomplish that but, in fact, one would be doing that.

Miss Stephenson: That is not what the member said when he sat on this side of the House. The argument has changed dramatically, I must say.

Mr. Epp: With respect to Sudbury, it must be noted that the assistance that is being given there—

The Deputy Speaker: Thank you. Your time has expired.

5:50 p.m.

Mr. Haggerty: I was delighted to hear that the member for Mississauga East supports the bill. As the former Minister of Revenue, perhaps he has had a change of heart.

I support Bill 13 and want to deal in particular with section 71 of the Regional Municipality of

Sudbury Act, which is amended in section 1 of the bill.

This authorizes the regional council to specify not only the annual amount of money to be raised by each area municipality, but also to set a uniform residential and farm mill rate and one uniform commercial mill rate. These rates will be levied by all area municipalities to raise the sums required for regional purposes. We could look at that as a regional apportionment cost.

This bill may be the forerunner of one that will come into an area such as the regional municipality of Niagara, which was established 17 or 18 years ago.

The Deputy Speaker: Excuse me. I am hearing comments that the member for Erie is straying a bit from the speech of the member for Mississauga East.

Mr. Haggerty: I am dealing with section 71, if you will just wait until I get to the point I want to drive home.

When the regional municipalities were established 17 or 18 years ago, two members—the member for Niagara Falls (Mr. Kerrio) and I—stood in the House and advised the government of the day to bring in revaluation of assessment in all area municipalities. We could foresee a problem.

I draw that to the members' attention because we have a similar problem, for example, using section 71, in the regional municipality and the town of Fort Erie, which is part of the region. The differences in the mill rates have been established and continue to go this way.

The Deputy Speaker: Thank you. Your time has expired.

Mr. Laughren: Very briefly, because I have had a say already, I want to deal with the question raised by the member for Mississauga South concerning the removal of educational, health and social services from property tax.

Mr. Gregory: Mississauga East.

Mr. Laughren: The member for Mississauga East. I should never confuse the member with the member for Mississauga South. I am a fan of the member for Mississauga South, but not of the member for Mississauga East.

If we could remove those taxes from property, it would not mean the school boards would not have a significant role to play. They could then concentrate on delivering education to the people in the community with the new jurisdiction and not be preoccupied with the property taxes. To remove educational taxes from property does not

in any way negate the importance of school boards.

Mr. Callahan: For the first time since I have been in the Legislature, I rise to congratulate the member for Mississauga East for speaking in support of the bill of the minister. Interestingly enough, when equalized assessment was proposed in the regional municipality of Peel, I was on the council of the city of Brampton and spoke with great gusto about how the province was trying to stick it to us. The province had the power to do it but did not have the guts to do it, so it gave the responsibility to the municipalities, to try to tie the tin can to them politically.

I speak in praise of the minister and this government. This is a representation of the openness, fairness and guts of this government. It is prepared to take something and go with it even though it may be unpopular, according to the member for Sudbury. We have the guts to do it. We are not playing smoke and mirrors with the people of Ontario. We are prepared to stand up and be counted and do what is necessary to govern in this province.

I commend the member for Mississauga East because of his fortitude in coming forward to support the minister's bill, but then he says, "I think our caucus is going to support it." That is representative of what is going on in the official opposition. Caucus members do not know what they are supporting. Some people come out and talk against it, some people come out and talk in favour of it, and by the end of the day the people watching them on television must be totally confused.

Mr. Gregory: I listened very intently to the member for Brampton (Mr. Callahan) and he has led me to think I should reverse my position. Obviously, he has not heard anything that has been going on.

He talks about this government being the first one to have the guts and intestinal fortitude to go ahead and do this. Where does he think the other 400 odd came from? They were done by the previous government.

I do not expect the member to know that any more than he has been able to absorb anything else that has happened in this House. Why does he not talk to the member for Waterloo North? He knows what he is talking about and he will be the first to admit that when we were bringing through these market value assessments, community by community, that group over there when they were sitting over here were much in opposition and saying things far worse than the member for Sudbury said in his speech today.

Why does the member not take a gift when he has it instead of trying to be a smart mouth—

Mr. Callahan: I said nice things about the member for Mississauga East.

Mr. Gregory: There is nothing unparliamentary about smart mouth. I came very close, but I was very careful. I said smart mouth. What the member should do is give credit where it is due because the minister has the pleasure and the honour of carrying on something that was instituted by this party when it was the government and it did a good job. He is going to do a good job if he behaves himself and if we let him.

Interjection.

The Deputy Speaker: The member for Fort William (Mr. Hennessy) is not in his seat and he is interjecting. Will he please stop.

Mrs. Marland: I am pleased to have the opportunity to speak today on Bill 13, An Act to amend the Regional Municipality of Sudbury Act and the Education Act. I note at the outset that the member for Brampton talked about the openness and the progressiveness of the current government, and how courageous it is at taking a position. It certainly is a very courageous move when one takes a position behind something that has been approved in an 18 to one vote.

This bill will enable the region of Sudbury to implement its decision to move to a 1980 property tax assessment or market value assessment. I am sure, however, that the region of Sudbury is somewhat disappointed that it has taken the government so long to follow through with the legislation it requested in a vote almost three months ago. I understand from the region of Sudbury it is costing about \$10,000 a day while it has been waiting for Bill 13 to be dealt with in this House.

It is interesting that this House has had other priorities in terms of legislation which actually have not been costing the region of Sudbury any money while the government is giving the transitional grants to the region of Sudbury. How ironical on the same score that it is costing the region of Sudbury \$10,000 a day because it did not bring forward this legislation earlier.

The region of Sudbury, as other colleagues are pointing out, is the first region to move to a market value assessment. I recognize that this decision must have taken a great deal of political will on the part of those who were responsible for making that decision, to attempt to rationalize and deal with the tremendous disparities that the process of market value assessment can create. As the member for Mississauga South and as a

previous councillor in the city of Mississauga and on the region of Peel council, I can speak to this disparity with some authority, having first-hand experience with the process.

6 p.m.

The city of Mississauga implemented market value assessment in January 1986. As member for Mississauga South, I have had some difficulty with the city of Mississauga's decision to bring in market value assessment because the greatest adverse impact of market value assessment has taken place in Mississauga South, particularly in the east part of my riding, east of the Credit River, which is municipal ward 1. The city councillor for the area, Councillor Harold Kennedy—whom you, Mr. Speaker, will remember as the brother of my predecessor, Doug Kennedy—Councillor Kennedy has had a very difficult time with the decision of the Mississauga council and how it has impacted his own constituents.

Although in the long term I think market value assessment is inevitable, the implementation of it in any municipality is what has to be addressed and is the most critical aspect of it. I am aware that in the east part of my riding there have been some people who have faced as much as 304 per cent increases in their assessment. On an average, in that part of the city we have had anything from 30 per cent to 40 per cent to 50 per cent increases.

The Deputy Speaker: May I remind the member that we are on Bill 13, which is the city of Sudbury.

Mrs. Marland: Thank you, Mr. Speaker. I recognize that, but also in dealing with Bill 13, we are dealing with the subject of market value assessment.

The Deputy Speaker: As it affects Sudbury.

Mrs. Marland: As it affects Sudbury; and in addressing my comments about how it has affected the city of Mississauga I may be giving fair warning to some of the people in Sudbury who are yet to face the impending difference it will make to Sudbury. It is rather interesting that Sudbury is waiting to do its mailing on its assessment notices. As I mentioned at the outset of my speech, it is waiting because of the passage of this bill.

In speaking to the subject of Sudbury, I would like to say that although market value assessment does bring relief to some residents, it can also bring a real burden to some others, as has been the case in Mississauga South. Some have experienced these tremendous increases. Wheth-

er the answer to that for a municipality is to have some help financially from the province, or automatically where market value assessment is introduced in the province to have a form of phasing in, I am certainly aware that the Treasurer of Ontario has seen fit to promise \$7 million to Sudbury to help with its implementation of market value assessment.

I am aware that our illustrious mayor in Mississauga, Hazel McCallion, sought some compensation or help for the residents of Mississauga at the time of our market value assessment implementation earlier this year. Of course, she was told there would not be any money forthcoming from the Treasurer for those purposes and two or three days later there was an announcement in the newspaper that the region of Sudbury would have \$7 million to help it.

In fairness, both Mayor Hazel McCallion and I recognized the differences between a regional municipality made up of many municipalities and the city of Mississauga, which is a part of the region of Peel but in terms of assessment it is one municipality. However, it is with great respect that I give the Treasurer fair warning that if, when the city of Toronto comes to deal with the subject of market value assessment, which I can appreciate will be one horrendous challenge because it has not had any change in its assessment since 1940, the Treasurer sees fit to help to bail out Toronto, Mississauga will be back for the same commensurate kind of compensation, especially in the light of the precedent which has been set in the aid that has gone to the region of Sudbury.

Recognizing that property tax reform is something that is long overdue in this province, I understand the need for market value assessment at this time. I have very mixed feelings because, as I said earlier, the impact on my own constituents has been very grave and in some situations very serious.

I do not know what the answer to that is, except perhaps a consideration by the Treasurer of the kind of help that is being given to the people in Sudbury from the provincial Treasury, to which the people of all municipalities subscribe. It might be encouraging if the Treasurer could develop a formula whereby market value assessment, at least in its initial year of implementation, was eased throughout the province as a whole until all the municipalities had the assessment in place and functioning.

Thank you for this opportunity to speak on Bill 13. I agree with the comments of the member for Sudbury and I share his concerns. I have

experienced at first hand the impact on some of the long-time property owners in Mississauga South of the problem, as they try to deal with it this year.

Mr. Speaker: Are there any comments or questions on the remarks made by the member?

Mr. Haggerty: On a point of privilege, Mr. Speaker: I tried to enter the debate before and I was ruled out. My time was up in a matter of two minutes. I do not know what the rules are, but the member for Mississauga South (Mrs. Marland) stood up and spoke for seven minutes.

Mr. Speaker: I wonder if I can help the honourable member.

Mr. Haggerty: You may be able to help me.

Mr. Speaker: The new standing orders state that any member has the right to make comments on any legislation before the House. After that member completes his or her remarks, then other members have the opportunity to ask questions or make comments on those remarks for up to two minutes. I believe that was the time you had when you got up to speak.

I am calling now for any member who wishes to make any comments or questions on the remarks by the member for Mississauga South. Then any other member still has time to speak. Are there any comments or questions?

Mr. Haggerty: I am still not clear on that. I followed the member for Waterloo North. I was not really raising my questions to the member for Mississauga East—

Mr. Wildman: The member was out of order then.

Mr. Speaker: Order. Are there any comments or questions on the comments by the member for Mississauga South?

Mr. Harris: I want to say how much I enjoyed the remarks of the member for Mississauga South. I share her frustration with the inconsistency of the government, which will not provide some assistance to the people in Mississauga who are being disadvantaged by market value assessment. It is an inconsistent approach, and I can understand the member's concern and frustration.

Mr. Wildman: As a member who has been waiting all afternoon to participate in a debate on Bill 43, I found the comments of the member and her colleagues from the Conservative Party very frustrating, particularly when it appears we are in a debate on a matter related to Sudbury about which there is not even going to be a division. It

seems a little strange that they decided to waste the time of the House in the way they have.

Mr. Brandt: We cannot let that go by. By way of answer, I think the comments of the last speaker from the third party were totally out of order. I say that only because I too was sitting here prepared to speak on Bill 43 and I know the minister is quite anxious to get Bill 43 proceeded with.

The fact of the matter is that Mississauga is impacted by the reassessment of its community, as are Sudbury and other parts of this province. This was a very meaningful and worthwhile debate, one I spent a great deal of time listening to. I found a great deal of substance, quite frankly, in the presentations that were made from all sides of the House.

I listened to the member for Nickel Belt. He had some very cogent remarks to make. I hope the debate to follow will be equally stimulating and interesting. The member for Mississauga South made some comments I thought were valuable in assisting this House in a very difficult decision and making sure this whole matter is handled in a fair, equitable and balanced way. I would like to dissociate myself entirely from the remarks made by the previous speaker.

6:10 p.m.

Mrs. Marland: I am sorry the member for Algoma (Mr. Wildman) has found his afternoon wasted. I would have hoped that when he was elected to office it was for the purpose of taking part in debate and being willing to listen to people with other opinions. I would hate to be elected to any office in any government with a closed mind so that all I did was to sit in a legislature or a debating setting in a council waiting to speak on one specific item. I think he has a duty to his electorate to listen to all speakers on all subjects and, perhaps not change his opinion but at least be willing to learn.

As a further indication of the impact that market value assessment will have on the people in Sudbury, as it has had on the people of Mississauga, I understand Sudbury already has had a filing of 10,000 appeals of its new market value assessment. In addition, in the city of Mississauga there are 30,000 appeals of the new market value assessment. That is probably enough indication to the Treasurer that municipalities such as the regional municipality of Sudbury and the city of Mississauga need help during the phasing-in implementation stage. We will be watching the next municipality very closely, because to this time Mississauga is the largest municipality in Ontario to adopt market

value assessment. I think the concerns that have been expressed this afternoon, with some reservations, are very well intended.

Mr. Speaker: Are there any other members who wish to make any comments on Bill 13?

Mr. Hayes: I would like to make a comment that I am glad some of the comments are over. The point is that the member for Algoma made a remark, and I really have to defend that. I believe everybody should have the right to get up in this House and speak and express his views. When we have another very important issue coming up, such as the Shoreline Property Assistance Amendment Act—

Mrs. Marland: In your opinion.

Mr. Hayes: They are both important.

Mr. Speaker: Order. Does the honourable member have any comments on Bill 13? That is what we are discussing right now.

Mr. Hayes: Dealing with Bill 13, I am glad at this time that the member for Sudbury is finally going to let us proceed. I am glad he is through wasting an hour flip-flopping without even deciding where he is going on the bill.

Mr. Harris: This may lead to 10 minutes of responses, but if that is the objective of the member, I would be pleased to respond to the member's speech.

Mr. Speaker: Under the circumstances and under the standing orders, the member for Essex North made some comments; therefore, I have to recognize the member for Nipissing.

Mr. Harris: I am pleased to respond to the garbage we just heard from the previous speaker, the member for Essex North (Mr. Hayes).

There are many of us here who thought we might do two or three bills today. Several of them are important. The Shoreline Property Assistance Amendment Act is a very important piece of legislation, one that concerns a good number of people. We would hope it might be expanded to include inland lakes as well. It might, in fact, affect the whole province.

If anybody has been wasting time in the Legislature, it is those who have chosen to disrupt the whole process with silly comments and silly speeches that have nothing to do with the issue at hand. We are dealing with an important piece of legislation when we start talking about market value. If the member wishes to go up to North Bay, where they have been through market value assessment in the last few years, we could share with him many instances, examples and problems that were there that I think would assist in Sudbury.

I thought the comments of my colleague the member for Mississauga South, who has an immediate problem in her riding with market value and who gave examples to point out and to lend assistance to this bill, were very important to the debate and to those of us who are concerned about the problems market value causes. She also pointed out the inconsistency of the government.

Now we have the third party members, who just want to get up to hear themselves talk and take another 12 minutes out of the debate. If anything is irresponsible, that is.

Mr. Gregory: I am glad to have an opportunity of commenting on the contribution from the member for Essex North. His great contribution to the debate was to stand up and complain about somebody expressing a viewpoint. It is unfortunate when a member of this House takes the position that he and he alone will set the agenda for this House. I was under the impression the government House leader determined the process in this House.

My colleague the member for Mississauga South has genuine concerns about assessment and she has the right as a member of this House to express them. I do not hear the minister or the government House leader objecting to that. When the members of the third party take it upon themselves to try to determine the business of this House, I think they have an inflated view of their own importance. If they sat patiently and listened, they might well learn something. I well recall being whip of the government party for many years.

Hon. Mr. Nixon: I well recall when the member was too.

Mr. Gregory: I know the Treasurer does.

There were many times when we had grandiose speeches of three and four hours from third party members who just wanted to get themselves on record. When they find themselves in the position of objecting to the member for Mississauga South making a 15-minute speech on something that is very important to her riding, I find that in very poor taste. I hope the next speech of the member for Essex North will be better.

Mr. Wildman: In response to my colleague the member for Essex North, I certainly agree with his comments. I also accept that any member in this Legislature has the right to speak on any piece of legislation before the House, particularly an important piece of legislation.

I must also agree with the comments of the other members who have said that the contribution of the member for Mississauga South was

very worth while and useful. It was certainly far more worth while and useful to the whole debate than the comments of the member for Sudbury.

Mr. Hayes: In my opinion, I never commented on anything said by the member for Mississauga South. I thought she made a good presentation.

As a new member, I find it a little bit frustrating when one tries to do something. I do not feel members should be stopped from expressing their views and contributing, but I do get a little bit upset when members continually try to stall and repeat things. Maybe I am just not used to the tactics that are used by some members over there.

Mr. Speaker: I want to remind all members of standing order 20(a) which says: "Following the speech of each member, a period not exceeding 10 minutes shall be made available, if required, to allow members to ask questions and comment briefly on matters relevant to the matters before the House." I hope all members will contain their remarks.

Do any other members wish to comment on Bill 13?

6:20 p.m.

Hon. Mr. Grandmaitre: I will try to be very brief. I would like to compliment my colleague the member for Mississauga East. He seems to be the only person in the official opposition who knows what we are trying to do in Sudbury.

Reassessment brings equity to a system that needed to be revamped. This is exactly what staff did, and I want to commend them. They did a great job. It was not easy.

We did not have to convince the regional municipality of Sudbury or impose reassessment on it. This is a voluntary move by the region. As I said in my opening remarks, the vote for it was 18 to one. That is a very democratic vote, and I want to congratulate the region for accepting reassessment.

I am sorry my colleague the member for Sudbury opposed it and said a great number of things that did not make sense. He does not have the guts to vote against or for it. He will be going back home to say to 50 per cent of the people that he was right and to 50 per cent that he was wrong. He wasted close to 45 minutes of everybody's time to say exactly nothing.

Motion agreed to.

Bill ordered for third reading.

Hon. Mr. Nixon: Mr. Speaker, since there is some urgency to this bill, I wonder whether we

could have the unanimous consent of the House to proceed with third reading of Bill 13.

Mr. Speaker: Is there unanimous consent?

Mr. Harris: We never refuse unanimous consent when there are important issues at stake.

Mr. Laughren: Has the Minister of Revenue and still House leader had the agreement of our House leader on this matter?

Hon. Mr. Nixon: No, I cannot say I have, but I advise the member on a friendly basis that as a senior member of his party, he will not get into trouble—in fact, he will get credit in heaven—if he agrees to proceed.

Agreed to.

THIRD READING

The following bill was given third reading on motion:

Bill 13, An Act to amend the Regional Municipality of Sudbury Act and the Education Act.

SHORELINE PROPERTY ASSISTANCE AMENDMENT ACT

Hon. Mr. Grandmaitre moved second reading of Bill 43, An Act to amend the Shoreline Property Assistance Act.

Hon. Mr. Grandmaitre: I will try to get second and third readings in 30 seconds.

We have waited a long time for this new shoreline program. With the improvements in the program, I am sure everybody will agree to this second reading and also to third reading. My intention today is to accommodate my friend who has been waiting for the past two hours. Mr. Speaker, on with second reading.

Mr. Brandt: I would like to co-operate and accommodate the minister on Bill 43, but there are some speakers who want to comment on it. I recognize the clock does not leave a great deal of time to hear all the speakers, but I would like to make some comments about the major changes in the bill.

Let me start me off by complimenting the minister on two changes I recognize in the bill. One is that owners of properties in unorganized municipalities can now participate in loans, which is a very major step forward. To show I am not looking at this in a parochial or partisan way at all, it does not have any impact on my municipality. I will bring up some other things that will have impact on my municipality, but this happens to be a step in a very positive direction and one I can certainly endorse.

The second major change the minister has brought into this bill is that loans are now available either to raise or to relocate buildings for repair purposes. That is also a very positive step in the bill.

I am sure the minister recognizes we are at the moment experiencing in Ontario, and particularly in my part of the province, record high levels of water that are causing us some real concerns. As a matter of fact, in the spring of 1985 we reached all-time records, as I know the Minister of Natural Resources (Mr. Kerrio) is well aware.

This trend has not been going on for 42 years, but it has been going on for a number of years. When we sat on the other side of the floor, I listened with great interest to some of the very simplistic solutions offered by members from counties such as Essex, who were asking the government to move in forthwith to cure the problem.

If I had the time tonight, I would offer the minister for his consideration some ways in which this very serious high-water problem can be cured. The short-term changes the minister has made, for which I have already applauded him—and that is the last time I am going to do that in this speech—are valuable and a step in the right direction, as I indicated, but there is a whole host of other things that have to be done.

The minister must recognize that this high-water problem is not entirely a result of natural causes. A number of other man-made problems are elevating or raising the level of the Great Lakes basin, specifically the Great Lakes basin behind the Niagara gorge. I am talking of Lake Erie and, moving north, the Detroit River, Lake St. Clair, the St. Clair River and Lake Huron. Those areas are acting as a holding basin for water that cannot escape through the Niagara gorge because of some difficulties there in terms

of the volume of water that can proceed through that part of our province.

Some of the man-made causes I speak of involve the dredging of the St. Clair River, parts of the Detroit River and the mouth of Lake St. Clair. Water is now flowing more rapidly through those areas and cannot get out of Lake Erie and, therefore, is building up in that body of water. We have urban runoff on an annual basis as a result of more sewers being constructed around the province. That urban runoff is impacting very rapidly on the Great Lakes system. In addition, we have rural runoff which has been brought about as a result of tile drainage.

All these things, in addition to increases in the precipitation of rain and of the snow we get during the winter months, are impacting on this area and causing a very unnatural elevation of the water in that area. It concerns me that the government is not looking at some of the real changes that could impact very substantially on that Great Lakes basin, which is at present suffering from tremendously high levels of water.

The government of Ontario has to take the lead in this instance because virtually all the waters I am talking about border Ontario. They also border the American states, but the government of Ontario has the most at stake. When one recognizes that the losses during the last few years have been in excess of \$1 billion on the US side as a result of high water—and I underline the point again—not as a result of natural causes but as a result of changes in that water course itself, those changes have resulted in a tremendous amount of damage.

On motion by Mr. Brandt, the debate was adjourned.

The House adjourned at 6:30 p.m.

ERRATUM

No.	Page	Column	Line	Should read:
28	1257	2	15	thanksgiving and prayer for more than 150,000 Muslims in Ontario and more than one billion Muslims around the world. Today marks the culmination of the month of Ramadan, a month of fasting for all Muslims.

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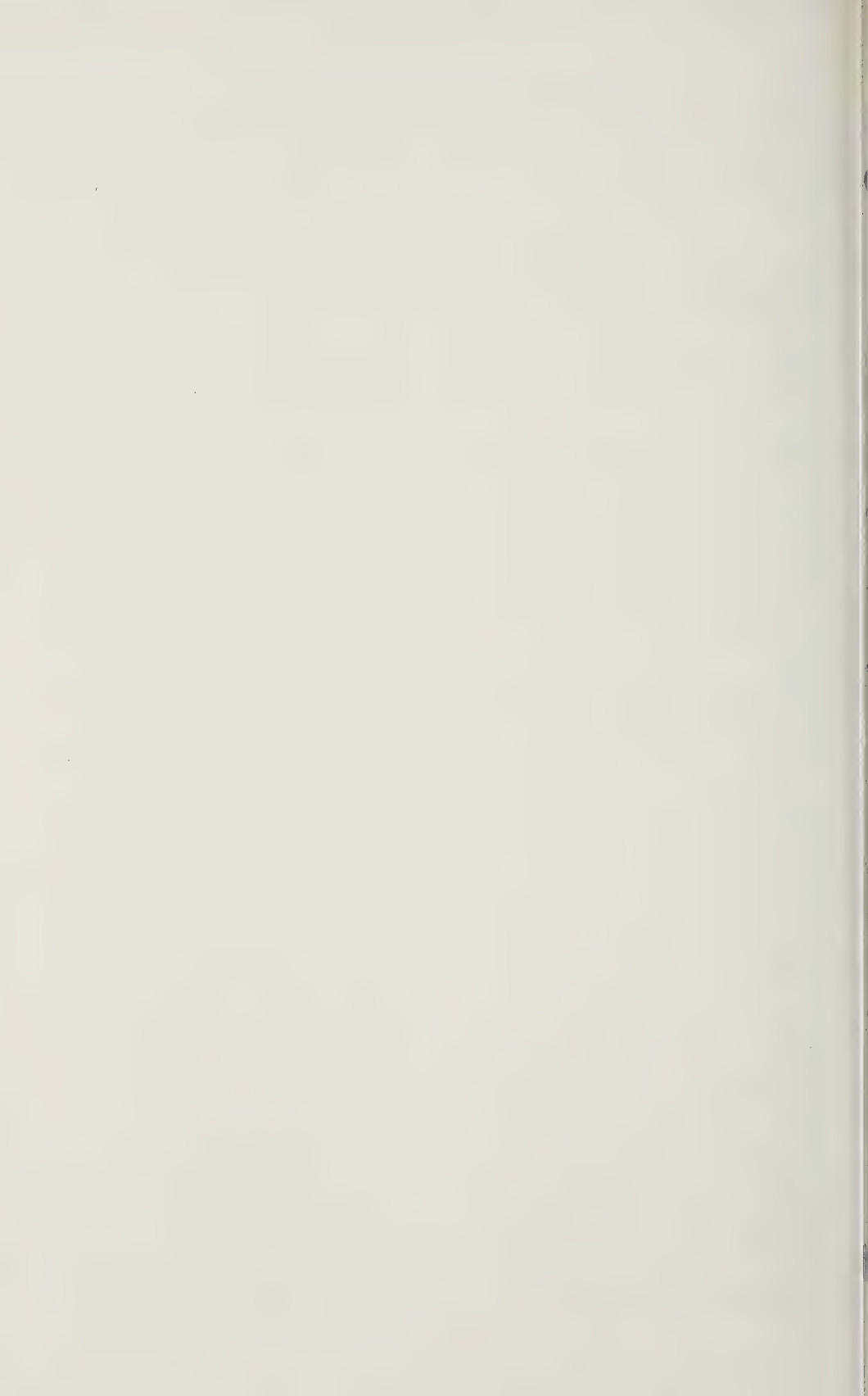
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Gigantes, E. (Ottawa Centre NDP)
Gordon, J. K. (Sudbury PC)
Grandmaître, Hon. B. C., Minister of Municipal Affairs (Ottawa East L)
Gregory, M. E. C. (Mississauga East PC)
Haggerty, R. (Erie L)
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Marland, M. (Mississauga South PC)
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Partington, P. (Brock PC)
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Legislative Assembly of Ontario

Second Session, 33rd Parliament
Thursday, June 12, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, June 12, 1986

The House met at 10 a.m.

Prayers.

ORDERS OF THE DAY

PRIVATE MEMBERS' PUBLIC BUSINESS

SEARCH AND RESCUE OPERATIONS

Mr. D. R. Cooke moved resolution 41:

That in the opinion of this House, recognizing that many lives are needlessly lost on Ontario's lakes through boating incidents and that existing search and rescue procedures often prove to be insufficient due to the elements and the physical size of search areas, the governments should require all small craft on Ontario's Great Lakes to be equipped with two-way radios to allow boaters, when in distress, to communicate with rescuers and facilitate prompt and thorough search proceedings.

Mr. D. R. Cooke: It may seem a little unusual that, coming from a land-locked riding, I would bring a motion such as this before the House, but it is the case that my riding is often all but deserted on Saturdays and Sundays during the summer months when my constituents flee to the Great Lakes for respite. Many of them may be less knowledgeable in boating than are those who live closer to the lake.

Thank you, Mr. Speaker, for the opportunity to address the Legislature on this important issue. It is customary when presenting one's resolution to the Legislature to state what a pleasure it is to speak on the issue, but in my case it is not, particularly because two of my constituents died during this past year because of an unsuccessful search and rescue bid. The deficiency of such procedures was graphically and dramatically brought to my attention at that time and I rise to bring it to the attention of the Legislature and the people of the province.

On November 4, 1985, I was called from a meeting to be informed that the family of a Kitchener couple missing on Lake Huron had contacted my constituency office asking for assistance in restarting a search which had been called off the day before by the Department of National Defence. The couple, Arthur Simmons and Julie Schneider, had last been seen fishing near Douglas Point on Saturday, November 1.

After two days of a futile search of the waters of Lake Huron, search and rescue proceedings were called off, much to the despair of family and friends who begged Canadian Coast Guard personnel, local MPs and the Minister of National Defence, the Honourable Erik Nielsen, to resume the search.

On November 6, thanks to the co-operation of Deputy Solicitor General John Takach and Commissioner Ferguson of the Ontario Provincial Police, the coast guard resumed searching the lake on humanitarian grounds. The coast-guard search lasted only one day and, although the OPP helicopter continued to search for two more days, all efforts to locate the couple proved fruitless.

Had it not been for the recovery of the couple's 14-foot aluminum boat on a rocky beach near Oliphant last month, this sad episode may well have been a minor incident in a long list of such deaths on the Great Lakes. On the red dashboard of the boat was scrawled a chilling diary, testimony to nine days spent on Lake Huron waiting for rescuers who never came.

The question must be asked, why did the rescuers not arrive? Why did the Canadian Coast Guard, which calls itself the best search and rescue unit in the world, with all its rescue resources and expertise, fail to save the couple? We hope the inquest which was called by my colleague the Solicitor General (Mr. Keyes) for September will answer this question. In the meantime, boaters will continue to go missing on our lakes and lives will continue to be lost needlessly. It is our duty as legislators to do all we can to prevent such tragedies from taking place in the future. It is for this reason that I ask members to support this resolution.

The number of pleasure boats in Ontario boggles the mind. It is estimated that 1.5 million are in the Trenton area of the Canadian Coast Guard, which extends from Quebec City to the east, to Thunder Bay to the west, and as far north as Hudson Bay. The Canadian Forces Base Trenton receives about 2,500 to 2,800 cases annually, and last weekend alone it handled 40 distress calls from boaters. This figure is even more astounding when one considers the number of calls handled by other rescue agencies, such as

the Metropolitan Toronto Police force, which may deal with as many as 70 calls a day on a busy weekend. It is little wonder that so many lives are lost annually.

The growing popularity of water derbies, such as the Toronto Star's Salmon Hunt and the Toronto Sun's Fishing Challenge, to mention only two, only exacerbates the problem. This Sunday, as many as 6,000 small vessels will be on Lake Ontario. Many fishermen, caught up in the enthusiasm of the event, will be lured out beyond the limits of their boats and experience.

It has been pointed out to me on a number of occasions that one cannot legislate common sense. We can, however, give common sense some help. It is because of the dramatic growth of recreational boating and a corresponding decline in respect for the elements that I propose this resolution.

At this point I would like to clarify some of the technical aspects of my proposal. The coast guard has recently developed an Emergency Positional Indicator Radio Beacon, which is what I am referring to in my resolution as a two-way radio. The EPIRB, as it has been dubbed, is similar to the emergency locator transmitter which is carried by all aircraft. The EPIRB would transmit a digitally coded, one-second signal every 50 seconds on the 406 frequency, and it would be picked up by Sarsat, the satellite used for locating aircraft and ships in distress. The coded message would be relayed to the nearest Canadian Forces Rescue Co-ordination Centre, and search and rescue proceedings would commence immediately.

The coast guard would then not only pinpoint the location of the transmission to within a kilometre, but it could also identify the owner, the type of boat, the marina it departed from and any other relevant data. This information would be entered into a computer when the transmitter was purchased; it would be similar to the process one goes through when purchasing licence plates.

This system would cut down on the number of false alarms and it would allow the coast guard to decentralize its operations, making it more efficient and more cost-effective. By contacting the Ontario Provincial Police, commercial aircraft or "vessels of opportunity" in the vicinity of the missing boat, searches could then be commenced within an hour rather than in hours. This is especially important in the spring and fall of the year when Ontario's lakes are so cold. I learned to my surprise that hypothermia, not drowning, was the main threat to boaters during

these times. It has been pointed out that when the body temperature drops to 32 degrees Celsius, unconsciousness occurs, and at 29 degrees Celsius, one is dead.

10:10 a.m.

On the unpredictable waters of the Great Lakes, the odds of a search proving successful decline by the hour. This was graphically illustrated in the Simmons-Schneider incident last fall. Logistical problems resulted in the start of the search being delayed until the day after the couple went missing. Winds of 18 to 26 knots and deteriorating visibility contributed to the inevitable taking place. I hazard to suggest that had the couple been required to carry an emergency transmitter, they might well have been at home watching the six o'clock news instead of being on it. The events speak for themselves.

Although it seems somewhat inappropriate to discuss the financial aspects of such procedures when lives are at stake, this is often an unmentioned factor. Budgetary constraints have limited the resources available to even the best-trained personnel. One search day is estimated to cost more than \$250,000. It costs \$75,000 to keep a Buffalo aircraft in the air for a three-hour search. The growing number of vessels will no doubt stretch existing resources to the limit in the years to come. Our search and rescue services have a mandate to provide universal coverage to a sparse population spread over the second-largest country in the world. They will have to be innovative to carry out their job effectively. I believe the concept set out in my resolution will aid search and rescue agencies immeasurably and, I hope, save lives.

As I stated earlier, one cannot legislate common sense. This proposal would require a great deal of common sense on the part of boaters. At present, all vessels up to 5.5 metres in length are required to carry the following items: one approved lifejacket for each person on board; two oars with oarlocks or two paddles; one hand-held bailer or one manual pump; one class B-1 fire extinguisher if the vessel has an inboard motor or a cooking or heating appliance; permanently fitted lights in compliance with collision regulations; and finally, some type of sound-signalling device. This list of common-sense items is far too frequently ignored by boaters who either neglect to carry such articles or fail to maintain them properly. Lifejackets, for example, are often relegated to protecting one's seat rather than saving one's life.

It may be argued that with the inability of the Ontario Provincial Police to enforce effectively the laws we currently have in place, why should we place another statute on the books? Although there is some merit in this argument, I submit that carrying an emergency transmitter would serve as a constant reminder of the dangers of boating.

At present, the Department of Transport includes sailing-plan forms with its boating-safety brochures. It is recommended that boaters complete the vessel information portion of the form and, when going on a trip, list the route, and departure and arrival times, and indicate at what time they wish search and rescue to be called in the event they go missing. The sailing plan is to be left at a marina or with a friend or relative who would call the toll-free number on the form in the event of a mishap. Sailing plans, like other safety measures, are ignored more often than not.

Should vessels on Ontario's Great Lakes be required to carry a locating transmitter, it would have to be mandatory that a sailing plan be filed to ensure effective operation of the search and rescue system. The Canadian Coast Guard, as it does now, would have to verify all requests for assistance before commencing search and rescue operations. With tens of thousands of transmitters on the lakes, the potential for false alarms becomes great and even the best system could easily become paralyzed. Again, the onus would be on the boater to make the system work.

The message I have received repeatedly when investigating this issue is that boaters are their own worst enemies. Poorly maintained equipment and a general lack of respect for the waters of the Great Lakes are repeatedly brought to my attention as causes of boating fatalities.

It has been suggested that the Minister of Natural Resources (Mr. Kerrio) undertake a major safety awareness program. This suggestion was put forward by my colleague the member Kent-Elgin (Mr. McGuigan) in 1983. In a statement to the Legislature he called on the then Minister of Natural Resources, the member for Cochrane South (Mr. Pope), to call a conference on boating safety on the Great Lakes and safety awareness programs. The minister's response at that time was that an interministerial committee would examine the issue. To date, I am not aware of the results of such a committee or whether the issue was examined at all. The growing number of boating fatalities is no doubt a tribute to its inaction.

I call on my colleagues here this morning to support this lifesaving resolution. Harsh laws to restrict where boats can travel would be impossi-

ble to police and would not work. Education programs should be continued and given increasing emphasis. It is a sad reality, however, that safety programs are heeded by the conscientious and ignored by the careless. The unpredictability of the elements and an attitude of "It cannot happen to me," stack the odds against those boaters who fail to respect the Great Lakes. Common sense cannot be legislated. I recognize this fact. The resolution before the House today acknowledges carelessness. However, it is an attempt to deal in a constructive manner with an occurrence which has become far too frequent in this province.

I recognize there are inherent problems in the system I propose. Batteries, for example, would have to be replaced every two years. It is likely that many of them would be poorly maintained. The EPIRB proposed by the Canadian Coast Guard would be expensive initially. It is estimated that the basic unit would cost approximately \$350. There are other systems on the market which could be marketed for as little as \$70. I suspect that if this system became widely used, the cost could be reduced dramatically. Wide acceptance and economies of scale would no doubt bring it down. This figure pales when compared to the millions of dollars spent on each and every search. It also begs the question: how much is human life worth? The families of people who have perished in the past few months would no doubt agree that such an item would be a wise investment.

It is sad that it takes a tragedy to illustrate the deficiency in our system. I ask members to put themselves in Al Simmons's shoes. He is the brother of Arthur Simmons, the gentleman who perished this past November. He spent weeks in total frustration this past fall, frustrated with a system that did not work, waiting for results that never came. It is only human nature to question the methods and efficiency of search and rescue personnel in such a situation. It is safe to say, however, that they did the best job they could with the resources they had. This is the central point. The resources they had at their disposal were limited by conflicting priorities and hampered by strong winds, rain and limited visibility. The system I propose in this resolution would facilitate prompt and thorough rescue proceedings. It will help rescue personnel to do what they want: their job well.

In conclusion, I call upon my colleagues to support and endorse this resolution unanimously. This resolution, if successful, will be forwarded to the federal government for its consideration. A

strong vote will send a strong message. I ask members to help me send that strong message.

The Deputy Speaker: Does the member wish to reserve the remaining three minutes and 20 seconds?

Mr. D. R. Cooke: Yes. I do.

10:20 a.m.

Mr. Partington: I am pleased to join in the debate on this motion with respect to two-way radios in boats on the Great Lakes. As the member has indicated, the Great Lakes are of immense size; 95 per cent of North America's fresh water is contained within them. They also make up the greatest surface area of fresh water in the world. Therein lies part of the problem. The use of the Great Lakes has tremendously increased during the past years because of increased recreation, sport fishing and, generally, the lure of this beautiful resource. As the member for Kitchener (Mr. D. R. Cooke) mentioned earlier, there are many fishing derbies. There is the Golden Horseshoe derby and the Toronto Sun Fishing Challenge currently going on; the St. Catharines Game and Fish derby ended just recently. Perhaps I should mention some statistics which prove the point of increased use.

Ron Penfound, the 1985 president of the St. Catharines Game and Fish Association, who was the president of the Ontario Charter Boats Association from 1980 to 1983, and the founder of the St. Catharines Game and Fish derby, advises me that in 1976 their first derby had 400 entrants. This year's derby that has just ended had 9,000 entrants. Unfortunately, there was a drowning. Two fishermen set out in a 12-foot boat which capsized. An hour later, one survivor was picked up but, unfortunately, one fisherman perished.

This raises another issue which was mentioned by the member for Kitchener. Lake Ontario is a very cold lake. With these fishing derbies, the season extends from early in the spring to late in the fall. Unfortunately, the lake becomes much more treacherous and hazardous during those times because of its coldness and because of the increased frequency of rough water and storms.

In addition to the question of placing two-way radios in boats, certainly in boats 18 feet and longer and perhaps in all boats that venture out into the Great Lakes, there should be flares on board as a safety device. With respect to those boats, particularly of 18 feet and longer, perhaps they need a VHF marine radio because these are the types of boats that might venture from Port Dalhousie or Niagara-on-the-Lake to Toronto

and so forth. When the lake looks calm, it can be a very pleasant trip but, as with all waters, the conditions can change suddenly. When one might be 20 miles from the shoreline, it is important that a boat be equipped with all the safety features.

There are then the different smaller boats. For example, in the Niagara area, one can rent a rowboat in Jordan Harbour and row into Lake Ontario to fish. The question then arises, should a boat of that nature be required to have a two-way radio? Perhaps it should be required to have a citizens' band radio, which I understand runs in the vicinity of \$50 to \$150. You can get into the situation where the cost of the radio exceeds the cost of the boat. I am not suggesting we should not have that equipment, but the equipment may determine whether boating at that small-boat level will occur.

Perhaps boats of less than a certain size—18 feet has been suggested by my friend Mr. Penfound—should not be permitted on the Great Lakes. Perhaps all motorized boats on the Great Lakes should be required to have a radio of one sort or another, whether it is a citizens' band radio or a VHF radio. A boat of any size, whether it has a seven-horsepower motor or a 50-horsepower motor, can get a few miles offshore.

For a boat that is in difficulties, the lake is so gigantic. It is a great resource. It should be developed further and better for the interests of our citizens, and we should use it, but we should also be careful and recognize that, as the member has said, regardless of the regulations or the requirements imposed on boaters, there will always be people who take a boat out when they should not. Also, unexpected storms always will occur.

In a situation of a few years ago, a couple went canoeing on Lake Ontario in March. Any ordinary person would not even contemplate it, but two people did and the results were fatal.

With the increasing use of the Great Lakes by the boating public, and an increase which we should encourage, it is necessary to provide the best possible protection. That should include some form of radio on any boat that ventures on to the Great Lakes, be it a citizens' band radio or other radio. There should be a requirement for flares, which could be used. For those using the Great Lakes, perhaps there should also be better education as to the potential hazards and the necessity for safety, which could best be done through the various yacht clubs and game and fish associations throughout the lakes. As the member has indicated, no matter how many

regulations we impose, there is no guarantee of freedom from danger for anyone who uses the waters of our Great Lakes.

I am pleased to support in principle the motion of the member for Kitchener and I will be pleased to discuss with him the matter of its implementation and how it would be adapted to the various craft that make use of our Great Lakes.

Mr. Swart: Like the member for Kitchener, I do not live in a riding that has any Great Lakes frontage. However, as in his case, in my riding there are numerous people who own boats. Although I have no statistics to back this up, I suggest that because of the location there is probably a higher percentage of people who own boats of one kind or another in the Niagara Peninsula than in anyplace else in Ontario. From that point of view and from my concern for safety, I am pleased to take part in this debate.

I regret that I did not hear all the comments of the member for Kitchener; I had to go out to welcome students from Gordon Public School. Perhaps he gave some explanations that it would have been beneficial for me to have heard.

In any event, on this issue of whether we in this House should require, as the resolution says, "all small craft on Ontario's Great Lakes to be equipped with two-way radios to allow boaters, when in distress, to communicate with rescuers and facilitate prompt and thorough search proceedings," we have to consider, as with everything else in life, the cost benefits.

We consider them in everything that we do. We do it all the time. We do it here in this House. Although none of us likes to admit it, we consider cost benefits in the matter of human life. This Legislature, and especially the government that is in power, constantly has to make decisions on such things as whether we spend money on highways to make them safer and whether we force everyone to have smoke detectors in their houses, as we do not do now. There are such matters as policing our highways. We know that if we doubled the amount of money we spend on policing, it would probably prevent some of the accidents that take place at present, whether by picking up people who are somewhat inebriated or picking up speeders.

On the matter of human life, we constantly make decisions on what we can afford and whether we want to take the measures of compulsion that are sometimes necessary to enforce safety.

10:30 a.m.

This enters into our considerations today. The member for Kitchener mentioned the cost that

would be involved if we forced all the boats and small craft to have transceivers, especially of an adequate size and capacity to transmit over the required distances if we were to have them monitored by stations, whether of the coast guard or some other emergency group.

There is the cost involved of monitoring and of setting up the shore stations that would receive these calls of distress and of ensuring that somebody is always monitoring in those stations and somebody is available with the emergency units to be dispatched to those who may be in distress in their boats out on the Great Lakes. I am told that if one wants to have a permanent installation of a transceiver in one's boat of the size and wattage necessary, it would probably cost in the neighbourhood of \$500. I am also told that if one wants a portable unit, which would be the kind many people would want, the cost would probably be in the neighbourhood of \$1,000.

However, having said that, there is no denying that this could and would save some lives on the Great Lakes. We had an example of that given here today by the member for Kitchener. I point out this applies only to the Great Lakes. Statistics show that most lives are lost on other lakes in central and northern Ontario. There are far more deaths there than on the Great Lakes. Let me admit immediately that those drownings are more often from different causes; not because one cannot get a rescue team there but for a variety of reasons. Nevertheless, the majority of deaths in boating accidents or of people out in boats on the lakes do take place on the other lakes, not on the Great Lakes. They are on the inland sport lakes in this province.

I am told, and I believe the member for Kitchener did deal with this when he was speaking, that there is at present a distress frequency, channel 16, which is monitored constantly by the coast guard in this nation. I am also told the number of coast-guard centres is such that, unless one has a very powerful radio wattage output, it will not reach those coast-guard stations. For instance, in the eastern Niagara Peninsula, there is no coast-guard station on Lake Erie in the vicinity of the Niagara region. I am not sure where the first one is to the west, but I am sure it is not closer than Port Dover. If somebody were at the eastern end of Lake Erie, that would not be of a great deal of help unless he had an exceedingly powerful radio. I am told there is a citizens' band, channel 9, but it is not constantly monitored by anyone. Therefore, it would be necessary to set up a

monitoring and dispatch service if this were going to be successful.

I wonder also about the question of jurisdiction. Perhaps the member may have dealt with that in his comments. The registration of pleasure craft and, for that matter, of all boats currently comes under the responsibility of the federal government. In fact, those boats which have motors of less than 10 horsepower do not have to be registered at present. Therefore, we would have to set up a whole new system. I doubt very much that the province has the power to do that. Perhaps that is why the member, in his resolution, said "governments" rather than "government." It appears we cannot just pass the resolution or a bill in this Legislature and make it effective. I think we would have the power to monitor and even to establish the rescue units, but I do not think we would have the power to enforce this legislation.

To some extent, there is also the question of desirability. Is it going to apply to all boats? Is it going to apply to sail boats? Is it going to apply to very small boats? If it is going to be effective, it would have to apply to them, and there would be some resentment on that.

There is also the question of enforcement. We would have to have a fairly substantial-sized police force patrolling all the time to ensure that all of these boats did have the radio equipment in them at any time when they were out on the Great Lakes.

All of this has to be weighed in balance, but after weighing it in balance, I will support it. We do require, of course, many safety measures at the present time such as life jackets. In cars, we demand seatbelts, and I am in support of that. There are all kinds of other safety devices which we legislate; therefore, I think it is desirable and I will support the proposal that there be two-way radio on all boats that are on our Great Lakes, even the small ones.

Mr. McGuigan: I am very pleased to rise and support the motion of the member for Kitchener and to congratulate him for bringing this matter to the attention of the Legislature and also to the attention of the people of Ontario.

The first coho salmon were planted in Lake Superior and Lake Michigan in 1966, and the first runs occurred in 1967. The first people who were aware of this found the fish around the mouths of streams and did not venture out into open waters, but gradually, as the sport increased, people began going into the lakes.

On Saturday, September 23, 1967, nearly 1,000 boats dotted the water between the Platte

and Manistee rivers on Lake Michigan. A severe squall, not even a major storm, pounded hundreds of boats to pieces, dozens of fishermen were hospitalized and seven were drowned. After the 1967 incident, small boats retreated to inland waters for the most part and big boats made their appearance. Recently, there have been some nasty incidents in Ontario as well, involving not quite as many people. There have been some even this year.

To give members some idea of the popularity of sport fishing on the Great Lakes, I point to an event taking place in the great riding of Kent-Elgin from July 12 to August 4 of this summer. The event is run by the Pointe-aux-Pins Salmon and Trout Club and is sponsored by Budweiser Corp. The location is the port of Erieau on Lake Erie. The event is estimated to draw 3,000 contestants over the three-week period and bring \$1 million in tourist trade to Erieau and nearby communities. Prizes are estimated to be worth between \$50,000 and \$60,000. The first prize is a 17-foot boat, a 90-horsepower motor and a deluxe trailer worth in total about \$16,000. This tournament will be but one of 17 tournaments under sponsorship of Budweiser Corp. this summer in Ontario. The event in Erieau is the sixth annual.

The sport has grown in numbers and in sophistication of the equipment, and safety has improved since salmon were first discovered off the shores of Lake Erie, Lake Ontario and Lake Huron. We do not find very many open 12-foot or 14-foot aluminum boats 20 miles at sea on the Great Lakes. In comparison to small inland lakes, the Great Lakes are inland seas and in their angry moments can sink 200-ton fishing tugs and even a 50,000-ton ship such as the Edmund Fitzgerald. The ballad by Gordon Lightfoot has made this tragedy of Lake Michigan a well-known event.

10:40 a.m.

I have spoken to people on both Lake Erie and Lake Ontario, such as Mr. Laird Snobelen of RR 3, Blenheim, an experienced sportsman out of the port of Erieau, and Mr. Bob McGary, a charter-boat operator of 736 Tatra Drive in Oshawa. Mr. McGary told me most of the boats on Lake Ontario do have radios aboard their craft, a portable citizens' band radio costing approximately \$80 to \$90 with a high antenna costing about \$150. While CBs are not quite as reliable as very high frequency marine radios costing \$300 to \$400, they offer a good deal of protection.

Most operators leave their radios turned on. If a storm is approaching or a boat is in trouble, the message can be relayed from ship to ship and eventually to shore if a rescue vessel is required from port. The CBs have a range of about 12 miles, which may not be enough to reach shore if the boat is 20 miles from shore. Many of them go 20 miles or even to the international border in their search for salmon or trout. Many sports people now are equipping their vessels with marine VHF radios. When they get a weather warning, they switch to the CB channel and relay the message. Mr. McGary assures me the system works fairly well.

Bob also said most boaters now are equipping their vessels with two motors, the second as an auxiliary in case of a breakdown. A small 10-horsepower motor would maintain the ship's headway into the waves in the event of a storm and would take the ship to shore, although at a slower pace. In the event that fog settles in on a ship, the radio would be able to direct the rescue vessel to the general area and the radar-equipped rescue vessel would be able to pick up the lost or stranded vessel.

Bob also said peer pressure is working on careless or novice boaters to see that their ships are properly equipped with the necessary equipment as outlined in the safe-boating guide mentioned by the member for Kitchener.

Bob pointed out there are no criteria or licensing regulations for charter-boat owners. He thinks most charter-boat owners would welcome such a program. Charter captains would be required to take safety courses and provide liability insurance for their patrons. Until this year, it was possible for any boat owner to make one or two charter trips a year and write off 20 per cent of the cost of the boat as an income tax deduction. However, the federal government has eliminated this tax loophole for 1986. Operators of this nature could easily lack the knowledge to protect their passengers. There is an Ontario Charter Boat Association that requires members to meet strict standards, but it is not necessary to be an OCBA member to hang up one's shingle.

The state of Michigan has very strict regulations for charter-boat captains. According to Bob McGary, Ontario would be wise to consider such a move. He also said the continued presence of the Ontario Provincial Police, the Royal Canadian Mounted Police and harbour marine patrols was a very effective method of bringing safety education to boaters. He stressed the value of education. He said in the past year or so he has

been intercepted six or seven times; so in his view that protection is working.

Laird Snobelen of Erieau stressed that the size of the boat was not nearly as important as the seamanship ability of the operator. He was born and has lived within sight of Lake Erie and is a sportsman on the lake. He respects the power and the majesty of the lake. He points out that once you get a few miles from shore, even on a clear day you cannot see the shore. A compass and a spare compass are absolutely essential. Fishing tug operators have told me that people in open boats have asked them the way to shore.

Laird says if you hunt for salmon and trout on Lake Erie, sooner or later you will be caught in a storm. An open boat is an invitation to disaster. He would not go out beyond two miles in an open boat even though he is an experienced boater. In the spring and fall of the year, the salmon are within about two miles of shore. It is possible for open boats to go out and get back in before a storm reaches them. However, in summertime the fish are out in deep water and the hunters, as they call themselves, have to go out 20 or 25 miles.

Even in a cruiser-type boat, a cool head is required in a storm. A full-power dash to shore will put the boat airborne at the crest of every wave with the inevitable crash to the slope of the wave that can smash the boat to pieces. It happened to be on one of these boats about two years ago when a storm arose. The operator headed for shore at full speed. He was a good operator, but it soon became apparent that he could not maintain that speed. He slowed the boat down and, while we were pretty close to being seasick by the time we got to shore, we got there safely.

Seamanship—the knowledge of how to handle a small boat in four-foot waves—can mean the difference between a safe harbour and a tragic death by drowning. Laird has a VHF radio in his boat and says most sportsmen have this equipment. The problem would appear to be the novice boater, accustomed to inland boating, who is at grave risk on the Great Lakes. While we cannot stop the foolhardy boater, we do owe a duty of care to the unwary passengers who may think they are in the hands of an experienced operator but could be doomed the minute they head out to sea.

I have listened to the presentations of other members and I do not hear any serious objection to the idea that it be made a requirement that people have these radios on their ships.

Mr. McLean: I would like to spend some time on this resolution. There are some concerns I would like to express. Being a small-craft owner, I have the opportunity to spend some time on Georgian Bay, Lake Simcoe and Couchiching Lake. When I realize the difference there is between the Great Lakes and the smaller lakes and bays, I have some concern with this.

This resolution means I would have to be equipped with a two-way radio if I wanted to travel from my home area to Georgian Bay with a few other couples and their craft. I used to own a craft on Georgian Bay and that is where I kept it. At that time, I had a two-way radio on it. I felt it was necessary. But when I travel with some other craft that is equipped with a two-way radio, then I wonder whether it is necessary that I should have to be equipped with a two-way radio. We look at the cost. I am not comparing the cost of a radio with a life; I am comparing what people feel government legislation does. Sometimes we think we are legislated to death.

I believe two-way radios have been a great asset to boaters on the Great Lakes system, but this legislation does not define travelling on the smaller lakes. It says when I go on to the Great Lakes I have to have a radio. Personally, I do not feel the legislation should be on smaller boats. If I had a 16-foot runabout that I wanted to take to Georgian Bay to take the family fishing, would I have to be equipped with a two-way radio to do that?

I realize what has taken place and the background of this resolution. The coast guards are equipped and have usually done an excellent job. However, I feel in the one case that has been referred to, that did not happen.

10:50 a.m.

I have travelled with friends of mine who have two-way radios but I do not. The government is telling me I must also have a two-way radio and I do not feel that is proper. I would like it clarified. I believe it says "any lake in Ontario." Is that correct? That means I would have to have a two-way radio regardless of the lake I am on. I live on Lake Couchiching, which is only three miles wide and 11 miles long. If I want to take my boat out to do some fishing, then I have to have it equipped with a two-way radio. My neighbour uses his boat for water-skiing. It is a 19-foot Starcraft. Is the member for Kitchener telling me that boat would have to be equipped?

Mr. D. R. Cooke: It is just on the Great Lakes.

Mr. McLean: It says, "Ontario's lakes through boating." That is what I am trying to get at here.

Mr. D. R. Cooke: The member should read the fourth line from the bottom.

Mr. McLean: I have some reservations with regard to this motion. I understand why the member is initiating it. This resolution is before us because people go out on Lake Ontario as individuals. However, I still have some concerns about making two-way radios compulsory.

It does not matter which law is passed if people want to do something within the realm of what they like to do. When we say boaters have to be further equipped, then I have some concerns. In reading the boating guide, one finds there has to be a pail for bailing water. That is compulsory. We have to have lifejackets, ropes and many things.

If I have to have a two-way radio, then why is the federal government not initiating such a thing? The other laws are federal. I presume the member wants to make the federal government aware of what is happening. I have some concerns about it and I wanted to put them on the record.

Mr. D. R. Cooke: I appreciate very much the comments that were made by all the members who spoke on the issue. I would like to clarify a couple of matters that were brought up by the member for Simcoe East (Mr. McLean).

I considered including lakes Simcoe, Nipissing and Nipigon in this resolution, which are all lakes on which boats could be lost. As the member for Welland-Thorold (Mr. Swart) pointed out, the many hundreds of thousands of smaller lakes in the province are lakes on which lives are lost, but not necessarily lakes on which boats are lost because of the size of the lakes.

Initially, it was my feeling the resolution should be reserved to the Great Lakes, which are huge expanses of water on which we have real difficulty finding a lost boat. I also considered wording the resolution in such a way as to make it illegal for a boat under a certain size to go more than a mile from shore. Part of the problem in that regard is that so often when the boat is that far from shore, the operator of the boat is really not in control of or may not know the direction it is going.

In so far as the problem of jurisdiction is concerned, lakes and rivers are squarely federal jurisdictions. There would have to be federal participation in this matter. The administration of the activities, particularly initiating search and rescue activities, comes within the ambit of the Ontario Provincial Police. That is why the concern is in this Legislature. It is hoped that with the passing of this resolution, the issue

would be brought to the attention of the federal officials.

Enforcement is not necessarily always going to occur. I am not suggesting we spend a lot of money trying to enforce it. What I am suggesting is similar to seatbelt legislation. If it is against the law, it will encourage a great number of boaters who currently do not have facilities such as this to put it on their boats because they will realize there is the power in force and the moral force of the law there.

The member for Welland-Thorold raised the question of problems of frequency, etc. I did point out during the course of my speech, and I believe that must have been when he was not in the House, that it could be monitored through the Canadian Forces' satellite system and that they could in turn make the local police aware of a boat which was lost, even though the local police might not have facilities to monitor it.

Once again, I emphasize the fact that costs would be greatly reduced with the sale of these items on a mass basis.

The Acting Speaker (Mr. Morin): The debate has ended on resolution 9.

LABOUR RELATIONS AMENDMENT ACT

Mr. Barlow moved second reading of Bill 45, An Act to amend the Labour Relations Act.

The Acting Speaker: The member has up to 20 minutes for his presentation and he may reserve any portion of it for the windup.

Mr. Barlow: I will reserve some wrapup time at the end, depending on how much time my initial remarks take.

I am pleased to lead off on the debate of second reading of Bill 45. It has been proposed in response to continuous representations that I have received as our party's critic for small business. It gives me great pleasure to realize that we can bring forth changes in legislation which not only directly respond to the concerns of business, but at the same time are also responsive to some concerns that have been expressed by labour.

As many members of this assembly will recall, I was the parliamentary assistant for the Ministry of Labour before being appointed by my leader to my present position as opposition critic for small business. Although these two positions might seem to be a bit divergent, I cannot help but feel appreciative for having had the opportunity to serve in both capacities, because it gives me a deep understanding and respect for both labour and business. The best laid marketing plans cannot be successful without a strong healthy

labour force to bring them to fruition; and, quite simply, there will not be a need for a labour force if more consideration is not given to those who provide the employment opportunities.

I believe there has been a distortion of the balance between labour and business in the past year. I would like to think that in some small way Bill 45 will help to restore that balance. Bill 45 would require a secret ballot vote for certification of a trade union in all cases where the Ontario Labour Relations Board is satisfied that at least 45 per cent of the employees in the bargaining unit are members of a trade union. The act now requires a secret ballot and provides that the board has discretion to decide whether to call a vote when more than 55 per cent of employees are members of a union.

11 a.m.

I have with me today two letters that I would like to bring to your attention. The first one is a letter all members of this assembly received from Judith Andrew of the Canadian Federation of Independent Business. It is dated May 27, 1986, the same day I introduced Bill 45. I should point out that this letter was not solicited by me as has been suggested. Instead, it was prompted by the passing of first-contract legislation on May 26. Ms. Andrew writes, and I quote directly from her letter:

"At the very least, legislators ought to predicate access to first-contract arbitration on the requirement for a supervised, secret ballot vote for certification. If this is not accomplished, each MPP will be an accomplice in a legislated organizing drive by unions of the province's small- and medium-sized businesses, the sector which provides the majority of net new jobs and whose key advantage is its flexibility."

The Canadian Federation of Independent Business is a nonpartisan organization that represents 75,000 independent Canadian-owned businesses, more than 34,000 of which do business right here in Ontario.

I also have a letter from the Canadian Manufacturers' Association, once again dated May 27. It too was prompted by the passing of Bill 65 and it expresses this association's belief that there should be a provision for secret balloting for trade union certification. About 85 per cent of all the goods manufactured in Canada are produced by members of the CMA. In Ontario alone, they have about 4,000 members. In commenting on the passing of the first-contract legislation, the vice-president of the CMA says in his letter: "The least that we hoped was to get some agreement on secret ballot.

However, it looks like industry has lost another round with government."

The throne speech said, "Ontario will flourish as an enterprising society only when business, labour, educational institutions and government work together to create prosperity and opportunity." Bill 45 is an opportunity to have business and labour work together.

Employers usually take it as a personal affront when their employees are organizing for collective bargaining. Whether it is true or not, management will always be inclined to believe employees are being intimidated into signing a union membership card and that union organizers use a no-holds-barred method of obtaining signatures because, as the Labour Relations Act provides at present, a vote on certification is not required if the union can satisfy the board that more than 55 per cent of the employees are members of the union. A secret ballot representation vote need be directed by the board only if between 45 per cent and 55 per cent of the employees are actually members of the union.

Many employers resist the concept of collective bargaining and recognition of a trade union, causing them to act in an intransigent manner, because they cannot accept the fact that their employees really want to be organized as a union. To have a secret ballot vote required by law for all members of a bargaining unit that has satisfied the Ontario Labour Relations Board that at least 45 per cent of its people have joined the union would indicate clearly to the employer the true wishes of his employees.

Section 2 of Bill 45 deals with the issues of secret ballot voting for strikes and ratification of an agreement. The Labour Relations Act of Ontario does not stipulate that union members must have the right to vote as a precondition to the right to strike. The decision as to whether a strike vote will be called generally remains with the union executive and is governed by the internal constitution and bylaws of the union. However, the Ontario Labour Relations Board does provide that in the event the union calls for a strike, the vote must be conducted by way of secret ballot. The labour relations board further provides that all employees in the bargaining unit, whether members of the union or not, are entitled to vote in the strike vote. The internal constitution and bylaws of a union similarly govern whether union members will be asked to vote to ratify a proposed collective agreement.

Although the general practice in Ontario is to put the issue to a membership vote, the constitution and bylaws of the union may

authorize the executive to ratify the agreement without the necessity of a vote. The Labour Relations Act provides, however, that in the event the union calls for a ratification vote, the vote must be conducted by secret ballot and all employees in the bargaining unit are entitled to vote, union members or not.

In preparation for this private members' bill, I conducted a survey of the 49 largest unions in Canada that have locals in Ontario to see, first, whether their constitution or bylaws include the requirement for a secret ballot vote for a strike or for ratification and, second, what they actually do in practice.

The results of this survey show that many unions are amending their constitutions to include this measure as an internal reform movement. However, there still are unions in Ontario which do not allow their membership to vote either by way of their constitution or in practice.

The survey shows that 59.2 per cent of the unions contacted are required by their own constitution, bylaws or government legislation to put a strike vote to their membership. Of the unions contacted, 30.6 per cent said that while they are not required by constitution, bylaw or legislation to hold a strike vote, they always conduct secret ballot votes; and 6.1 per cent said they hold strike votes usually, sometimes or never, as they see fit.

Similarly, when asked about the ratification vote and the ratification issue, 61.2 per cent have it as a requirement at the present time; 36.7 per cent do not have it as a requirement but always have a secret ballot vote; and only two per cent were in the usually, sometimes or never category.

While the majority of unions are either required by their internal constitution or bylaws to call or consistently follow the practice of calling secret ballot strike and ratification votes, Bill 45 will safeguard these rights in legislation. Amending the Labour Relations Act to include this provision would prevent the situation of a union executive being out of touch with its membership and agreeing to a contract which the membership finds unacceptable, or issuing a strike order to a union whose members are not united in their desire to strike. It would make the union executive more accountable to the membership.

I am sure the argument for and against this bill will be not so much whether there should be a secret ballot but whether there should be a vote at all.

As I stated earlier, under our current circumstances, when votes do occur within a union either for certification, strike or ratification of an agreement, they are generally conducted by secret ballot. There does not seem to be much objection to the use of secret ballot as an instrument of implementation. This secret ballot vote has a symbolic, democratic value that a card check can never have. It clears the air of any doubts about the union's majority and it also confers a measure of legitimacy on the union's bargaining authority.

11:10 a.m.

Secret ballot voting ensures a democratic form of decision-making within unions. It gives workers the right to vote. It restores the employees' ability to express themselves with respect to the work place. It frees individuals from intimidation, coercion or interference by the union or by the employer. The process of voting by secret ballot is at the very core of the democratic process.

The preamble to the Ontario Labour Relations Act indicates that a primary goal of the act is to further harmonious relations between employers and employees. To my mind, Bill 45 does just that. I encourage members on all sides of this House to give their vote of support for these amendments to the Labour Relations Act. In so doing, we will send a very clear message to the business community that we do care about and understand their position as employers. To the organized labour of the province we will send a message that we care about their plight as well.

I will reserve the rest of my time for wrapup.

Mr. Mackenzie: I rise to oppose this despicable piece of legislation. I am surprised that the member for Cambridge would bring in a piece of legislation that is designed to do nothing but attack and further take away the rights of workers in Ontario. It does not really surprise me, though.

When he quotes the Canadian Federation of Independent Business and calls it a nonpartisan group, he must believe in the tooth fairy as well. He quotes the Canadian Manufacturers' Association. Obviously, it does not like any authority on the part of the workers in Ontario. I did not hear him quote a single union. I did not hear him read letters into the record from anybody in the trade union movement. He talks about whether he has support in the trade union movement. He is from a union town himself and he obviously does not care much about them, because he does not have any support within the trade union movement.

The preamble of the Ontario Labour Relations Act is honoured more often in the breach these

days than in the carrying out of it. It says, "Whereas it is in the public interest of the province of Ontario to further harmonious relations between employers and employees by encouraging the practice and procedure of collective bargaining between employers and trade unions as the freely designated representatives of employees." How do we do that with this legislation?

I do not believe the member for Cambridge has any understanding whatsoever of what one goes through to try to organize a trade union movement. One comment he made that was accurate was that, in most cases, employers take it as a personal affront when their workers decide they are going to join or want to join a trade union.

I have had the privilege as well as the tough job of organizing workers in a number of units in Ontario. In not a single unit that I organized did I not end up with a petition against the union or an attempt before the board to try to stop the certification of the union. I am happy to say that we finally got certification in every single one I organized, but we had to have thrown out by the board petitions and pressure that came from the company, and petitions that were organized in some cases by the foremen or by the company's lawyers. The pressure that was often put on workers was almost unbelievable.

If members allow this kind of move to go through, they are saying that in the case of workers who have decided they want a trade union, who have organized and who have signed a card and paid their initiation fee to become members of that union and who may have signed up 60, 70 or 80 per cent of them, their word, their signature and their money are not worth a darn. Members do not believe them. They insist they have a vote.

Once members have gone this route and decided to force that kind of procedure in Ontario, an additional hoop that the workers have to jump through, they will have opened up the the opportunity for employer pressure. Essentially, once the union has made its application, it is out of the picture. What happens is the company then has the time, before the vote is ordered, to do what it wants to pressure those workers. We are not an egalitarian society. If the member thinks that an employer cannot put the pressure on workers, there is something wrong with his thinking. If he thinks the pressure was not on in the Eaton's case, he is really out of the picture as far as workers' rights in Ontario are concerned.

To qualify for automatic certification, the union has to get 55 per cent to start with. Does the member think he should have more than 50 per cent after he has been elected? I notice he got elected with 40 per cent of the votes cast, which is nowhere near 40 per cent of the votes in his riding. Maybe he would like another vote after that election to ensure that he has the right to enter the House. There are times when I get a little exercised.

I also ask the members of this House to think for a moment about a request that was made within the past few weeks by the Canadian Conference of Catholic Bishops, which recognizes that the distortion in the balance among workers' rights, employers and trade unions in this province is not one that is in favour of the unions, as the member for Cambridge implied. It is one that says workers are under fire and that it is necessary the people in this province start taking the side of legitimate worker organizations which are trying to do something in social terms and workers' rights terms in Ontario.

"Bishop John O'Mara of Thunder Bay, president of the 29-member Ontario Conference of Catholic Bishops, told the Star that the May Day message"—referring to this May—"is a reaffirmation of the church's teaching on labour and social justice. O'Mara said that unions are under attack today, and the church feels a responsibility 'to teach the people, particularly our people, and make them aware of the teachings and the work of the trade union movement.'" He goes on to make a number of comments that indicate the attack that is on the trade union movement today.

The member for Cambridge is joining that right-wing attack on the rights of workers. There is no gain whatsoever for workers in the legislation he has brought forward. It boggles the mind. Does he think there is something wrong with the majority of cards the workers have signed up in the certification drive? Why should that be questioned? That majority of cards is a majority of all the employees in that work place. It is not the type of majority he or I get elected on in Ontario.

Every once in a while we get something before us that would really have a chilling effect in respect of an employer's influence over the employee and his desire to join a union. The time delays it would force and the extra effort that could be made to intimidate workers is enough to make one realize that workers still do not have an awful lot of protection in Ontario. In terms of workers' rights, the jungle is not very far away.

I hope there are some progressive members in the Tory caucus who realize exactly what this bill would do, the uproar it would create and the additional hoops through which it would put the trade union movement in Ontario if such legislation were passed. It would get them absolutely nothing, only another hand up for the companies, which is exactly what the member referred to and is on side with in this legislation.

If he wants to really cause some problems for workers, who are already having a tough time organizing in the current climate in Ontario and in our country, then he can bring in the legislation he has brought forward today. To me, it is a disgrace that a member of this House would bring forward this legislation. It is a waste of this House's time that we are here debating this blatant attack on workers in Ontario. I should not be surprised at its coming from the Tories when I take a look at this party's history of anti-labour legislation. I hope the House turns down this bill by an overwhelming vote, and I hope there are some Tory members who have an ounce of sense left in them.

11:20 p.m.

Mr. Polsinelli: I can best characterize my position with respect to this bill as, "if it ain't broke, don't fix it." We have all witnessed recently in Alberta a situation where the former federal Conservative leadership candidate, Peter Pocklington, refuses as an employer to accept the reality and the legitimacy of the trade union movement. The ensuing acrimony resulting in violence is not welcomed. Bill 45 invites this type of confrontation to take root here.

The phrase, "secret ballot," in terms of certification and representation votes is a code word in industrial relations. It stands for the delegitimization of trade unionism. In the parlance of labour-management relations, this is widely known. In relation to ratification and strike votes, the phrase does not carry the same hidden meaning. The underlying premise of this bill is that the current voting procedures do not capture the true intention of organized workers, presumably because union leaders are somewhat dishonest or union members are somewhat ignorant. To support this bill is to support its underlying premise, namely, that unions cannot be trusted. To affirm this proposition is to have impugned both the credibility and the creditworthiness of the trade union movement.

For the trade unions, this issue strikes at a fundamental principle; for them, it is not a peripheral matter. An attack against this principle will be viewed as an attack against the

essential viability of the trade union movement. It is poor practice to legislate where there is no indication of a problem. There is no evidence that a problem exists with the current voting procedures. Certification is the first step in the collective bargaining process. It opens the relationship between labour and management in the work place. Certification is, of itself, only a small cog in the entire collective bargaining system. Certification gives the union the authority to bargain with the employer on behalf of the employees in the bargaining unit.

This authority has little meaning if the union does not truly have the support of the employees. Without such support, it is unlikely that an acceptable collective agreement will be reached. Instead, where true support is lacking, the inevitable result is abandonment, displacement or decertification of the union. There are essentially two approaches to certification in North America. The American approach focuses on the requirement that a representation vote be held in every case. This approach leads to lengthy representation campaigns with the resultant delays. Moreover, the representation campaign is an open invitation for employer interference in the process and can and does lead to undesirable animosity between the parties.

Most Canadian jurisdictions have adopted a different approach. In these jurisdictions, evidence of a clear majority of employees favouring the union is sufficient to result in certification without a vote. For example, the Ontario Labour Relations Board can certify a bargaining unit without a vote if there is evidence that more than 55 per cent of the employees are union members. This approach avoids the undesirable delays and animosity which frequently result from the mandatory-vote approach taken in the United States.

At this point I am going from memory, but I recall that in the 1970s, there was a Waisberg commission which reported. At that time, the Ontario Labour Relations Board required 65 per cent to certify without a vote and the Waisberg commission recommended that it be reduced. That former government reduced it to 55 per cent. They had the option at that time to require secret ballot, but it is amazing how opposition changes your point of view.

The Canadian approach has a number of safeguards to ensure that abuses do not occur. For example, where the evidence of union membership indicates that between 45 and 55 per cent of the employees are union members, then a vote is mandatory. In addition, the board can,

and often does, order votes where there is evidence of improper sign-up tactics being used by the union. The board has required that all of these votes be by secret ballot. This system has worked well in Ontario.

Bill 45 would also make ratification of strike votes mandatory. This view is directly contrary to the prevailing philosophy in Ontario that internal trade union affairs should not be interfered with unduly. There is a strong rationale for this philosophy. The union has been selected by the majority of employees as the bargaining unit for the unit. As a result of the selection, it has been authorized to conduct collective bargaining with the employer. Inherently, this requires that the union have the ability to make a wide range of decisions about negotiation priorities and the settlement of a contract.

Because they have such powers, unions are able to take into consideration their own unique circumstances in developing appropriate processes and procedures. For example, a union with a geographically diversified membership may find a strike vote an unwieldy mechanism that may hinder the union in obtaining a better deal for its members. As a result, it may develop a less formalized process for determining the wishes of the bargaining unit.

At the same time, it is recognized that individual union members need protection from abuses. The Ontario act provides this in a number of ways. One example is the requirement that if a vote is taken, all employees in the unit must be entitled to participate and the vote must be by secret ballot. The act also imposes a duty of fair representation on the union. More important is the right of union members to insist on changes if they desire them. If the membership is dissatisfied with the leadership, it may elect new leaders. Similarly, they may change the constitution of the union to make such votes mandatory.

The ultimate power under the act is the ability of the employees to decertify the union or to change the union. It is the same power the people of Ontario have. They were not satisfied with the former government. They elected to change it—

Mr. Sterling: By secret ballot.

Mr. Polsinelli: By secret ballot, and that happens in the union movement.

In addition to these mechanisms for protecting employees, the Labour Relations Act also provides for a final offer vote. Under this provision, an employer may put his final offer to the employees in a government-supervised secret ballot. This allows employees to have a meaning-

ful influence on the negotiation of the collective agreement, while not unduly interfering in internal union affairs.

Because the bill impugns trade unions, it potentially erodes their bargaining strength. If the collective bargaining balance is eroded, we confound the pursuit of harmonious relations between employers and employees as required under the preamble of the Labour Relations Act. It is improper, not to mention embarrassing, to support a legislative mechanism that contradicts legislated public policy and, let me add, legislated public policy by the former government, whose members now are sitting on the opposition benches.

Mr. Cousens: I too am pleased to rise in this House, not to speak in opposition but in favour of this important piece of legislation. I would like to compliment the member for Cambridge for the insight he is bringing to this House and to labour legislation through his suggested legislation in Bill 45. As an alderman for 10 years in Cambridge and Galt, as a legislator for five years, as a parliamentary assistant to a Minister of Labour and now as the one responsible, as critic, for small business, the member for Cambridge exemplifies the best of what I see in Ontario politics, the balance that comes from understanding, on the one side, the needs of labour and of people and, on the other side, the needs of employers and business.

I see in this legislation a deep sense of respect that comes through with the integrity the member brings to all his work in this House. We are fortunate to have such people who are going a step further in looking at some of the problems now taking place in the whole legislative process. He is a man who speaks for the people. He speaks for what is right. I am proud to stand and speak in support of his bill.

He also stands for something that has been a characteristic of our party for many years, something that has passed over to all parties in this House. There is respect for both sides: for management, the people who are trying to run a business, and also for the employees, those who make the business run. There is a unity of purpose when both sides, management and employees, work together in a common way, gathering a consensus and having one honourable goal, to make a profit in business and to share the profit and the privileges that go into making that success.

11:30 a.m.

This role of what happens in the certification of a union is important. It has to do with the first

step towards a change in the relationship between the employee and his employer. I believe very strongly in something the member for Prince Edward-Lennox (Mr. Taylor) said as he was sitting here commenting and thinking out loud about some of the reactions to what was being voiced. I have never before heard the garbage that came from the member for Hamilton East (Mr. Mackenzie). None the less, I heard from my colleague to the right that a secret ballot frees the worker from intimidation from both sides.

Mr. Mackenzie: The member does not know what he is talking about.

Mr. Cousens: If my friend disagrees with that, then he really does not understand some of the effects that take place during an election of any kind.

Many unions right now have within their constitutions the opportunity for secret ballots. A secret ballot gives people a chance to be free to express their views without any pressure. I believe that by having a secret ballot at certification the democratic rights of the employee and of the employer are totally respected. There is no secret except that the person has the confidentiality of how he is going to vote. I do not know how people vote in provincial elections and I really do not think I would want to know how they all vote. The fact is that they exercise their franchise and, in so doing, they elect whomever they want. Once one is elected, one serves all the people.

In the case of a union being certified, if we have that open opportunity for all to participate more actively, no one is going to be pushed aside. Their votes will count because they are going to want to exercise their rights. They will be able to mark their X in the box they want to put it in without anyone saying, "You are going this way, you are going that way," without having the pressure of the crowd coming in upon them, which is all part of what the member for Prince Edward-Lennox calls intimidation.

I believe part of our democratic form of decision-making allows an employee to make his decision in private if he wishes, and having a secret ballot gives him that important democratic right. I believe as well that there will be greater participation in the whole certification process. When we have changed the statistic to any number over 45 per cent who are anxious to do it, we will have automatically engraved in the legislation that is being proposed in Bill 45 the ability to have a secret ballot. It means that no activist group is going to be putting pressure on. It means that all will be equal.

Many unions already have constitutional amendments that allow for this. Why, then, would the member for Hamilton East and the member for Yorkview (Mr. Polsinelli), who has already left the House—oh, he is here talking with his comrade. We see a lot of this chatting together, the Liberals and the New Democrats. We are glad someone has friends.

We are now in a position to give leadership in the important role of labour negotiations for the establishment of labour. Our party stands up for all. We want to see employees have their rights protected.

I believe strongly, as do the member for Cambridge and I am sure a great number—I hope the majority—of the members of this House, that this bill reflects the needs in our communities for that kind of freedom to be exercised. I regret the word that came from the member for Yorkview. I have the feeling inside that he is in a minority in the Liberal Party, just one of the few who have been misdirected by the member for Hamilton East.

Notwithstanding that, I am not exercised, as he is. I am proud to stand up for the employees of the world who want to have a collective agreement. If they want it, I want them to have it. I am glad they can have it, because unions have done a great deal to help the employees in this country. Let us allow them to form when they want to, not just when a small, exclusive group is trying to shove it down their throats.

Mr. Charlton: I will not rise to the level of anger that was expressed by the member for Hamilton East, because I have listened to the member for Cambridge and the member for York Centre (Mr. Cousens). The naïveté those two members have expressed here today is frightening. The demonstration they have given us that they are both so totally out of touch with reality is frightening.

Neither of them even understands the reason the member for Hamilton East was so angry. Neither has ever been in an organizing drive, obviously. Neither has ever talked to an employee who has been fired for signing a union card or for participating in an organizing drive. Neither, obviously, has ever talked—

Mr. Cousens: Mr. Speaker, on a point of order: I would like the honourable member to withdraw his statements. He does not know what he is talking about. He cannot say that neither of us has done what he is saying. It is wrong. He should withdraw it.

Mr. Mackenzie: If the member has, he sure does not show the results.

Mr. Cousens: I wish the member would speak the truth.

Mr. Speaker: Order. Will the members please control themselves?

Mr. Charlton: As the Speaker often says in situations such as this, I am expressing an opinion. I said “obviously” because these gentlemen have demonstrated that they do not understand the problems. Obviously as well, they have never talked to employees who have been leaned on by their employer during the course of an organizing drive.

Mr. Cousens: The member cannot say that. He has no way of knowing whom I talk to.

Mr. Charlton: The member demonstrated that in what he said today.

Mr. Cousens: He should not say things that are not true. His opinion is not necessarily the truth.

Mr. Charlton: The member has come in here—

Mr. Speaker: Order. Interjections are out of order. I hope the member for York Centre will contain himself. Every member has the right to express his point of view.

Mr. Charlton: Thank you, Mr. Speaker. They have come here today with a paternalistic piece of legislation that chooses to impose on people who have already made their decisions that their decisions are not the correct ones. During the course of his comments, the member for Cambridge talked about unions not allowing their members secret ballot votes on strikes or ratifications. I point out to him that unions do not impose those conditions on their members. It is the members of the union who vote to set up the bylaws and the constitution of the union in the first place. It is not the union leadership, but the members of the union who create the procedure.

The member talks about democracy and he is here trying to impose a decision on those who have already made their democratic choice about how the procedure in their union should work.

As we all know, there are the Peter Pocklington of this world. We have seen the situation going on in Alberta around the meatpackers' strike. We have seen the comments from the owner of that company not only about his existing relationship with the union, but also about his future role in terms of the operations he runs.

The two members from the Conservative Party who have spoken today are trying to tell me and the other members of this Legislature that the likes of Peter Pocklington, and there are thou-

sands of them across this country, are not going to try to intimidate those who work for them as to whether they should be members of a trade union. They have asked us to impose a vote procedure on trade unions when a majority of the members have already signed union cards and paid their dues.

I can count and most people on the Ontario Labour Relations Board can count.

Mr. Cousens: Has the member ever belonged to a union?

Mr. Charlton: I have talked to thousands of them. We meet with them every day.

Mr. Cousens: See; there you are.

Mr. Mackenzie: He was the president of one. That is more than the member can say.

Mr. Cousens: I can say a lot more than he can.

Mr. Charlton: I have also been on organizing drives, which obviously, as I said before—

Mr. Speaker: Order. Will the member please disregard the interjections and address his comments to the chair?

11:40 a.m.

Mr. Charlton: Yes, Mr. Speaker. Obviously, those of us who have been on organizing drives know a little about what goes on when employers start to lean on employees. We know the difficulty trade unions and people who decide for themselves that they want to organize go through when an employer makes up his mind that he does not want a union and that he is going to do everything in his power to see there is not one. Nobody has taken into account, in the preparation of discussion around this bill, the kinds of pressures that were brought to bear in the Eaton's strike and the organizing drive that went on prior to that strike.

This legislation totally ignores the realities for working people, especially the working people in the community that is supposed to be represented by the member for Cambridge in his role as critic, that is the small business community. The member does not seem to understand the additional pressures that can be brought to bear on employees in the small business sector. That has always been true.

That is why the largest employers have been the first to be organized by trade unions. There has always been strength in numbers. We all know that. To organize an Inco or a Stelco, although it may be a lengthy process because of the time it takes to get a majority of signatures on a majority of the cards, there is strength in numbers. Those employees feel much more comfortable in expressing themselves openly.

In the very sector that is supposed to be represented by the member for Cambridge, the small business sector, we all know that in the intimate relationships that exist in small businesses what is going on in the shop is well known to everybody. The pressures that can be brought to bear and the intimidations that can be wrenched into the system in that kind of situation are at their very maximum. This is the very sector where this kind of legislation will do the most damage.

This is the kind of legislation that will say, in effect, to the vast majority of people working in the small businesses and small manufacturing sectors in Ontario that they likely will never have the opportunity, even if they so desire, to become members of a trade union because the intimidation that will be brought to bear on them or numbers of their colleagues in their work place will be, in most cases, unbearable.

There will be employees let go because they are talking about organizing a union; there will be employees let go because they sign a card. There will be no protections as there are in the process we now have where members can sit down together, decide they want a union, sign the cards and make their application to the Ontario Labour Relations Board. Nothing up until that point has impeded them because they have not had to notify the employer that any of that is going on.

Once the application is made to the labour relations board, the employer is obviously aware, and that is when the pressure begins. Even if 95 per cent of the employees have signed union cards, the member wants to delay that procedure and allow a vote to take place somewhere down the road and allow time for that employer and that small shop to start putting the pressure on individuals. As I suggested earlier, that is going to push all the people in that sector into a very difficult situation in terms of their desires and rights to express those desires openly and freely without intimidation.

The members of this party cannot support this piece of legislation. The people in the trade union movement and even the majority of people who are not in the trade union movement in this country will not support this piece of legislation because they understand what has gone on.

I urge the members of the government party and those other members of the Conservative Party who have not taken a position in support of this legislation to think very seriously about opposing it.

Mr. Speaker: The member for Wellington South has nine minutes.

Mr. Ferraro: Mr. Speaker, I assure you my comments will not take nine minutes. Much to the chagrin of my colleague the member for Yorkview and much to the disgust of the New Democratic Party, I rise today in support of the bill being proposed by the member for Cambridge.

The perception if one supports this bill is that the supporter is in the pocket of business and management. If one opposes this bill, the perception is that the concerns of the labour union are the prerequisites of that individual's statement.

Quite frankly, I do not trust all business managers and employers. It is safe to say, at least in my opinion, that one cannot call all union organizers Mr. Clean as well. To take that to a third level, I do not trust all politicians, at some levels in particular.

Having said that, there is one undeniable truth that I do trust. There is the democratic principle by which every member in this House is elected, that is, based on a secret ballot. Yes, I am sure management will coerce employees in certain situations for their own individual causes. Yes, union organizers from their perspective have, in some respects, to use aggressive methods to sign up cards and so forth.

Let me give an analogy. This House will know I recently had an unfortunate 51-day teachers' strike. I can say unequivocally to the members of this House that when I spoke to teachers who were on strike, they hated in some respects the fact that they had the right to strike or had to vote for a strike, as individuals. However, when they put that person with two or three others, they toed the union line.

Interjection.

Mr. Ferraro: The members opposite are afraid to hear the truth.

I want to sum up this. In my opinion, failure to support this vote will, in essence, condone the fact that we are elected under false pretences. Failure to support the bill of the member for Cambridge will indicate we are afraid of the truth.

I am not in the pockets of business or in the pockets of labour unions, but the one undeniable fact I am proud to say is that I speak as a member of this House because I believe in the people. Unless the people can have the undeniable, legitimate and justifiable democratic right to vote as they see fit in secret, then I suggest anything else we do as politicians is not right.

Mr. Sterling: I did not expect to get an opportunity to speak in support of this bill, but I

do so for many of the reasons that have been put forward by the member for Wellington South (Mr. Ferraro).

It is important that I also would support other amendments to labour legislation that would further democratize the process. I believe that both representatives of management, the employer, and representatives from unions should have an opportunity to present their cases in a full and open way to the workers in such a manner that they can weigh both the pluses and minuses of either having the union represent their interests with management or not having that particular union represent their interests with management.

We all know as politicians what type of intimidation can take place when someone comes to us with a petition to sign, with a cause to support or whatever. We may not feel very strongly about supporting that cause, but we may feel a rejection of supporting that cause will cause us some political harm.

If an organizer came to me, such as the member for Hamilton East, who happens to be much greater in size than I am in physical stature, and the members know how forcefully he spoke in the Legislature when he was dealing with this matter, I might feel intimidated by his very size and by his bombast in terms of what he might do as an organizer in asking me to sign a card to join a particular union.

11:50 a.m.

In reply to the arguments put forward by those who would like to paint into a corner anyone who would support this measure to further democratize the process of organizing by saying, "You do not care about the worker; you do not care about unions," etc., I have a great deal of respect for the unions. I talk constantly with the presidents of the unions that are in my riding. I talk about the problems they are having with management. I have no concerns with the unions I represent in my riding.

However, I also have the concerns of union members who come to me who do not think their union is properly representing them. I had a problem recently with pipefitters working out of Kingston. They were taking an attitude that was detrimental to the pipefitters who were located down in my area of the riding.

There can be problems in unions, and those things have to be discussed in the open and cases have to be presented in the open. However, in the final analysis, as the member for Wellington South put it in the best possible way, there has to be a time when a person can vote without the employer coming and looking over his shoulder,

without the union coming in and looking over his shoulder, without the problems that those two kinds of intimidation can create in a man's work and on his livelihood, on his family, on his whole life. Therefore, I do not understand how the Minister of Labour (Mr. Wrye) and his parliamentary assistant can stand there and say it is a great sin to democratize further the process of certifying a union.

I commend the member for Cambridge for bringing this forward. I know he is going to be subjected to the kind of rhetoric we heard from the member for Hamilton East and the kind of garbage we heard from the member for Yorkview, acting as a straw man for the Minister of Labour. I commend the member for Cambridge for having the intestinal fortitude to bring this issue to the floor. Many members have thought about it and have wanted it here. I thank him for doing it and I will vote in favour of his bill when I get a chance to do so.

Mr. Barlow: I thank all the members who did participate in the debate, some a little bit more than others, mind you.

Mr. Wildman: The member has five minutes to persuade me to vote for it.

Mr. Barlow: All right. I am going to work on it right now.

This bill was not introduced as a we-they, white hats-black hats issue. It is not a business-versus-labour issue. I feel this is something to further the democratic rights of all individuals who are being organized by a union. Those who have signed a card have the opportunity then—I guess I am really saying exactly what the member for Carleton-Grenville (Mr. Sterling) just said—of sitting back and thinking quietly about what a certification vote will do: “Do I really want to be in a union? Do I not want to be? I have had pressure put on me by my peers in the work force. I have had pressure put on me on the other side by management.”

Incidentally, this is already covered in the Labour Relations Act. Intimidation and coercion are not allowed; it is against the law to do that. If there is talk about petitions being filed by management, I feel it is well covered in the Labour Relations Act as it is at the present time.

I heard the Minister of Labour interject, “Where is the member for Brantford (Mr. Gillies) today?” The member for Brantford was going to be speaking in favour of this bill, but he had to be away today. He told me that some two weeks ago.

I thank the other members of my party for supporting me. I thank the member for Welling-

ton South for supporting this piece of legislation. He told me he did want to speak on it and he had the opportunity to do so. Along with our other colleagues in this House who are of Italian extraction, he is at a meeting with the president of Italy, or some such dignitary from Italy at the present time. Unfortunately, my colleague the member for Wellington South will not be here to vote, but I am sure he has convinced many of his party colleagues to support him.

This bill covers three particular areas. It covers the area of secret ballot vote in the case of strikes or ratification of a contract. At present, about 90 per cent or more of the unions in the province, either by their own constitution or by practice, have a secret ballot vote for a strike or the ratification of a contract. To put in law what is already in practice is a simple, straightforward amendment.

The other amendment, the one on union certification, is one that has probably raised the ire of some of the members of the House. I remind the member for Hamilton East that I talked to union representatives as recently as last Thursday about the amendment I was putting forward to the Labour Relations Act. While I must admit I did not receive full unanimity on the total bill, we did have an excellent dialogue. I have talked to them in the past about other matters and I am sure I will be talking to union representatives in the future in my riding.

Mr. Warner: Not if this passes.

Mr. Barlow: The member is right, we have a big union town. Without both the organized and unorganized workers in Cambridge, I would not have been elected the last time. I hope the New Democratic Party does not feel that all members, because they are unionized, are supporters of the NDP; they are not. I count a great deal on many of the unionized workers to support me during any election campaign, and they do support me. I have them working on my campaign.

At present, in the certification process, if the number of cards signed falls between 45 per cent and 55 per cent, there is automatically a vote. I am saying let us extend that vote. It is a democratic right for those employees who want to sit back and think about it to give them the opportunity to have a vote, whether there are 45 per cent or 80 per cent signed up in the union. Let them have a democratic vote.

I do not know why anybody should be afraid of that. Management should not be afraid of it. They cannot be afraid of the democratic right of their people. I do not see what the fear is. I cannot see unions being afraid they are going to lose

some of their support after some attacks on personalities, etc. I do not see why they should be afraid.

If the employees of a company feel that company is not treating them right and they want to be unionized, they are going to vote in favour. They will say: "Yes, I do want to support the union. My X goes on the ballot that I want to support a union in my company." That is a simple matter. It is a democratic right of each and every one of us. All of us in this House were elected by the democratic right. It is an extension of that democratic right.

SEARCH AND RESCUE OPERATIONS

Mr. Speaker: Mr. D. R. Cooke has moved resolution 41.

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion the ayes have it.

Motion agreed to.

12 noon

LABOUR RELATIONS AMENDMENT ACT

The House divided on Mr. Barlow's motion for second reading of Bill 45, which was negatived on the following vote:

Ayes

Andrewes, Baetz, Barlow, Bennett, Cousens, Dean, Eves, Guindon, Harris, Hennessy, Lane, McCague, McFadden, McLean, O'Connor, Partridge, Pollock, Rowe, Sargent, Sheppard, Smith, D. W., Stephenson, B. M., Sterling, Taylor, Treleaven, Turner.

Nays

Allen, Bossy, Bryden, Charlton, Conway, Cooke, D. R., Cooke, D. S., Foulds, Gigantes, Grier, Haggerty, Hart, Hayes, Laughren, Mackenzie, McClellan, McGuigan, Miller, G. I., Morin, Morin-Strom, Newman, Philip, Poirier, Pouliot, Ramsay, Reville, Smith, E. J., Van Horne, Warner, Wildman, Wrye.

Ayes 26; nays 31.

The House recessed at 12:09 p.m.

AFTERNOON SITTING

The House resumed at 2 p.m.

MEMBERS' STATEMENTS

BURLINGTON NEWSPAPERS

Mr. Jackson: It is a great privilege for me to rise in the House today to pay tribute to the local community newspapers in Burlington.

The Burlington Post has been acknowledged by the Canadian Community Newspapers Association as the best newspaper of its class in all of Canada. The Burlington Gazette garnered a first and three second-place prizes, and was acknowledged the third best in its class for the entire country. These newspapers were in competition in the largest circulation class, against the biggest community newspapers in Canada.

I have had occasion to refer in the House to our two community papers, because I have found them to reflect the needs and concerns of all the people in Burlington. In fact, it was the strength and excellence of the community coverage of these papers that formed a large part of my arguments against the redistribution proposal that would cut away a portion of southeast Burlington and put it in the proposed Oakville South riding, away from the natural communication flow for Burlington.

With that digression aside, we in Burlington are justifiably proud of the work that the staffs of our two newspapers put into providing us with the best community coverage in Canada. I am proud to be able to take this opportunity to give them this recognition they so richly deserve.

FOOD DISTRIBUTION

Mr. R. F. Johnston: I would like to say a few words about hunger in Ontario and the growing difficulties with hunger in cities such as Toronto. As of today, I learned from Second Harvest here in Toronto that it has distributed more than 260,000 pounds of food in the first five months of this year, more than it did in all of last year.

The Scott Mission is giving out 1,700 bags of food a month. Stop 103 is expecting to distribute \$300,000 worth of food, more than double what it did last year. The Salvation Army is having trouble keeping up with its clientele, and FoodShare got rid of 170,000 pounds of potatoes in two days without any difficulties at all. There are people suffering terribly in this province.

In January I asked that there be a task force established to review our whole social assistance

network because people are now so dependent on this kind of assistance for their day-to-day nourishment, on an ad hoc basis with no nutritional guarantee.

In the throne speech, the minister said we were going to get this task force. We still do not have it. He said we would have a report by the end of the year; that is obviously impossible at this point.

The Liberal government is not making the problems of the hungry in this province its priority, as it should be. I and this party decry that situation.

EXTRA BILLING

Mr. D. R. Cooke: Like that of many members of this House, my constituency office gets two or three calls a day in support of Bill 94 and practically no calls opposing it. My staff was surprised yesterday, therefore, when we received seven calls in a row asking that Bill 94 be withdrawn to avoid a doctors' strike.

Curiously, the fifth caller identified herself as Gail Hill, 520 Westheights Drive, Kitchener, and a patient of Dr. Michael Thorburn, who happens to be the director of District 3 of the Ontario Medical Association. She said she was opposed to Bill 94 and she finds her doctor inaccessible at the present time.

My assistant's curiosity got the better of her and she looked up Mrs. Hill in the city directory, to find her listed as the receptionist for Dr. Michael Thorburn, director of District 3 of the OMA.

I direct Mrs. Hill, if she has any concerns, to contact the emergency number at the Ministry of Health, Zenith 6-9100. The phone lines are waiting.

APPOINTMENTS IN PUBLIC SECTOR

Mr. McLean: I want to emphasize to the Solicitor General (Mr. Keyes) the concern I have encountered regarding appointments by the provincial government to various boards in the province. One case in particular is the police commission in Orillia in my riding of Simcoe East.

Since last February this commission has been unable to function because two provincial appointees have yet to be named to this five-member board. This is an important board in any municipality, and the fine police force we have in Orillia can carry out its mandate for only

a limited time without a policy-making body to give direction.

As members may be aware, the police commission deals with salaries and licensing. At this very time in Orillia we have a problem with taxi licensing matters that requires immediate attention. This matter would normally be dealt with by the police commission. This cannot be done at this time since only one person appointed by the province is with the commission. The two other appointees are representatives from the city council.

I urge the Solicitor General to expedite the appointment of two very qualified people to complete this commission roster and thereby allow the police work to continue with a minimum of disruption. The Orillia police force must be allowed to continue with the fine work it has been doing and to deal with other related matters. The Solicitor General knows the criteria for selection of members to this board. Should he require any assistance, I shall be delighted to oblige him.

DISASTER RELIEF

Mr. McClellan: I am sure all members will want to join with me in expressing a great deal of concern about the tragedy that has befallen the people of Jamaica. There has been a flood, with a great loss of life, loss of homes and destruction of property. Many people here in Ontario will be concerned about the situation in Jamaica and anxious about friends and loved ones.

To all those who have a direct relationship with this tragedy, we issue our deepest sympathy. We urge the government to see whether there are ways and means of providing some emergency assistance to the people and the country of Jamaica during this time of great stress and tragedy.

DEVELOPMENTALLY HANDICAPPED

Mr. Partington: Late in 1985, Mainstream, An Unsheltered Workshop, was created in St. Catharines. Its mandate is to serve the developmentally handicapped and moderately mentally retarded who could, with the appropriate training, become productive members of society. The design of this program was conceived in co-operation with the area associations for the mentally retarded and in consultation with local representatives of the Ministry of Community and Social Services to fulfil a need not currently covered under existing legislation.

Mainstream was led to believe that it would become eligible for financial support once the

new fiscal year began for the government of Ontario, and it made its 1986 plans accordingly. The uncertainty of ministry funding has made it necessary for the local staff of the agency to work for the past three months on a volunteer basis. The United Way of St. Catharines and District learned of this and immediately took steps to rectify the situation with additional funding to sustain the program.

In the recent budget introduced by the Treasurer (Mr. Nixon), an allocation of \$17 million over two years is earmarked to help integrate the developmentally handicapped into the community. I suggest that Mainstream should qualify for some of these funds and that the government take immediate steps to free up these funds to protect this very valuable program in the riding of Brock.

SPECIAL EDUCATION

Mr. Warner: As many members realize, disabled students in northern Ontario have not received the kinds of benefits that disabled students in southern Ontario receive, even though those in the south are not adequate.

The government will be aware that it has received presentations from the ad hoc committee on the disabled groups in northeastern Ontario and the Centre of the Disabled in North Bay. I urge this government to take the requests seriously and to provide the kind of assistance that is required for accessibility to facilities and for the type of learning aids required within the educational setting, so that all students, including those who are disabled, can make use of the educational facilities and programs that are being provided in our province.

Unfortunately, in this situation as in so many others, the north always takes the back seat. The very best is given to southern Ontario and whatever is left over goes to the north. It is time we provided equality to the north, in this situation to disabled students.

FISHING TOURNAMENT

Mr. McGuigan: I want to make the members aware that from July 12 to August 4, the Pointe-aux-Pins Salmon and Trout Club is holding its sixth annual tournament. This will bring about 3,000 contestants and an estimated \$1 million in tourist revenue to the port of Erieau and the surrounding communities. I invite any members who are interested in salmon and trout to participate.

2:11 p.m.

STATEMENTS BY THE MINISTRY AND RESPONSES

PHILIPPINE INDEPENDENCE DAY

Hon. Mr. Ruprecht: On behalf of the Premier (Mr. Peterson) and the government of Ontario, I rise for the purpose of recognizing a special event that occurred 88 years ago, on June 12, 1898: the establishment of a free, independent, democratic Republic of the Philippines.

It gives me great pleasure to introduce to the members of the House the special guests who are in the gallery today representing the government of the Philippines: Mrs. E. Berengual, the acting principal officer of the consulate of the Philippines; Eloy Belo, chargé d'affaires, embassy of the Philippines; Consul Cabrera of the consulate of the Philippines; and many distinguished leaders of the Filipino community.

Philippine Independence Day is not only an important date in history, but it also has great significance to our Canadian citizens of Filipino heritage.

Though many of us take our democratic system of government for granted, the celebration of the 88th anniversary of the establishment of democracy in the Philippines serves as a useful reminder to all of us that for the tradition of freedom to be preserved, it must be valued and guarded with vigilance.

In recognition of the important contribution that Canadians of Filipino heritage have made to the economic development and cultural enrichment of our province and country, the blue, red and white flag of the independent Philippines was raised this morning. These Philippine colours have become an international symbol of the indomitable spirit of democracy and serve as an inspiration to us all to strengthen the bonds of friendship, respect and affection we have for the Filipino community.

Therefore, in recognition of this special day, the government of Ontario proclaims June 12 as Philippine Independence Day.

Mr. Harris: Mr. Speaker, on a point of order: On this very special day when special guests are in the Legislature, I ask the unanimous consent of the House so that our party and the third party can respond.

Mr. Speaker: There has been a request for unanimous consent. Does the House agree?

Agreed to.

Mr. Shymko: I join with the member for Parkdale in greeting the special representatives of the Filipino community on this occasion. We have all shared the aspirations and emotions of

the Canadian Filipino community recently when we witnessed a fundamental democratic change in the Philippines. We celebrate this 88th anniversary. Almost a century ago the aspirations of the Filipino people to live in freedom and sovereignty were heralded. That process has continued. As we know, that process constantly faces challenges in any sovereign and independent state.

In welcoming our delegation and in acknowledging this very special occasion, we are reminded of the price that sometimes has to be paid for independence and freedom. What we have witnessed in the Philippines with the present leadership of President Corazon Aquino is a process of change that was not violent but a process that represented in a major way the aspirations of the Filipino people. I know the challenges of the present president will continue. I hope the unity that is shared today and the challenges for that solidarity and unity of the Filipino people is shared by their community in Canada so that the vigilance for the democratic institutions and what is symbolized by that process continue. We congratulate the Filipino community for its great contribution to Canada.

In conclusion, of all ethnocultural minorities, the Filipino community has the highest proportion of professionals who provide the leadership and set an example for many other minorities in this province and in this nation. I welcome and I join with the honourable member on this very special day.

Mr. Rae: I am sure all of us in the House want to join with the remarks that have been made by the Minister without Portfolio, as well as by the member for High Park-Swansea. I will be very careful not to say anything complimentary about the comments of the member for High Park-Swansea, because I know whenever I do it always appears in his newsletter the next time round.

I want to say to my friends in the Filipino community that we in our party have not only watched with open hearts the events of the last few years in the Philippines, but also we have worked with so many people in the Filipino community who have made Canada their new home in creating greater awareness in our own ranks and in our own province of the events that were taking place in the Philippines.

All of us in this last year have had reason to celebrate the triumph of democracy again. This is not a hollow day. This is not simply a celebration of something that took place many years ago. This is an opportunity, and I think it is our first

opportunity, for us to express to the Filipino people and to the new Filipino government our congratulations on their struggle and on the courage Mrs. Aquino has shown over the last number of years in the face of tremendous personal loss. Her courage and ability, her considerable political talent, her ability to mobilize and to encourage the democratic forces around her are an example that has inspired democrats—and I use that in its small-d form—around the world. Liberty won a great victory, not only in the Philippines but also in the world, with the victory of Mrs. Aquino and we share in that today.

TOURISM

Hon. Mr. Eakins: I would like to announce two initiatives that will bring more visitors and more tourist dollars to our province. Both of these initiatives reflect commitments made in the speech from the throne. They are part of my ministry's tourism strategy tailored to meet the needs of northern and eastern Ontario.

First, a \$1.5-million annual program aimed at our neighbours in Quebec will soon begin. Quebec is our largest source of Canadian visitors, outside Ontario. It is a market with tremendous potential; one that was largely unexplored by the previous government. This government intends to reverse this neglect with a new, aggressive marketing strategy.

This strategy will focus primarily on attractions and events in eastern and southern Ontario. The program will include media advertising, direct marketing and enhanced customer service. Direct marketing may include direct mail programs, house-to-house mail drops and sales calls in selected areas in western and southern Quebec.

These efforts will help to make new inroads into the Quebec market. To meet the increased demand that will result, additional bilingual staff will be hired, French-language telephone inquiry service will be expanded and appropriate French publications will be produced.

The impact of our campaign in Quebec will be greatest in eastern Ontario because of its proximity to Quebec and the number of attractions located there. This is an exciting new program, and I am confident that it will draw more Quebec travellers to Ontario from now on.

The second initiative I would like to announce today, and one that was specifically referred to in the speech from the throne, will support the Quebec marketing program. The Lancaster travel centre will be upgraded and converted into

a year-round operation and made more accessible for the disabled. This centre is just 14 kilometres from the Quebec border and is the only source of travel information at this main entry point for Quebec visitors.

The Quebec marketing program will bring more tourists to Ontario and an improved Lancaster travel centre will give a favourable impression of our beautiful province. This government feels that it is high time we encouraged our neighbours in Quebec to come and visit us, and it is a pleasure to see this campaign move into high gear.

Mr. Rowe: The Minister of Tourism and Recreation has proven to this side of the House that he will read absolutely anything that is put in front of him.

For months now, the member for Stormont, Dundas and Glengarry (Mr. Villeneuve) and the member for Cornwall (Mr. Guindon) have pointed out the lack of a marketing strategy for the Quebec market and the Lancaster travel centre situation. If the minister really wants to help encourage tourism dollars to eastern Ontario, and in particular the Lancaster area, he should tell his colleague the Minister of Natural Resources (Mr. Kerrio) not to eliminate the excellent weed harvesting program which was carried on in the St. Lawrence area under the previous government.

I read about with interest, and I welcome, the upgrading of the Lancaster travel centre for the disabled. I only wish the minister had had the decency and had been available to meet with the disabled tourist representative for whom he does not seem to have time. I suggest the minister put a little more thought into his next statements.

Mr. Pope: I must rise to address myself to the Minister of Tourism and Recreation whose only contribution to date to eastern Ontario tourism has been to give new meaning and definition to the term "Johnny-on-the-spot."

Over the past three years, the Ministry of Natural Resources advertised the provincial parks in the Quebec market in Montreal and in western Quebec. We sent representatives of the Ministry of Natural Resources, including parks managers, into the Montreal area to meet with tourist groups and service groups to encourage them to come in.

Hon. Mr. Eakins: Zero last year.

Mr. Pope: Last year it was this government's fault. It was in power last year. Our commitment to getting Quebec tourists into Ontario is there for the record. The minister can rewrite history all he wants; it ain't true.

Ms. Gigantes: I would like to comment briefly on the statement of the Minister of Tourism and Recreation concerning the program for eastern Ontario, and the welcoming of francophones from Quebec. I think the comments made by the Conservatives have been mean-minded. I would like to suggest to the minister, as he works on this program, that I hope it will mean it is a forerunner of the fact that Algonquin College will be getting a hospitality centre.

I hope that the \$1.5 million will be spent among advertising agencies in eastern Ontario to talk about the splendid offerings that we have to both francophone and anglophone Quebecers who will come to visit, and that we will let them know about the marvellous francophone festival in Ottawa which occurs annually.

CANADIAN OCCUPATIONAL HEALTH AND SAFETY WEEK

Hon. Mr. Wrye: As many honourable members know, the first Canadian Occupational Health and Safety Week begins on Sunday, June 15. The principal goal of the week is to increase the awareness of employers, employees and the general public to the benefits of occupational health and safety programs in minimizing injury, illness and death in Canadian work places. On behalf of the government of Ontario, I am pleased to endorse this worthy objective.

In this regard, I note the work of the Ontario branch of the Canadian Society of Safety Engineering in helping to organize the week. It is particularly appropriate, because it seems to me that awareness and the communication that produces awareness are basic to achieving health and safety on the job.

If work places are to be healthy and safe, employers and employees alike must be aware of potential hazards, must have the knowledge to cope with them, must communicate that knowledge clearly and must act positively in accordance with it. The obligations to be aware, to know, to communicate and to act affirmatively lie at the very heart of the Occupational Health and Safety Act.

The government has enhanced those obligations through new policy, procedure, regulation and law and will continue to do so in the interest of the occupational health and safety of the working men and women of this province.

Mr. Gillies: On behalf of our party, I want to join with the Minister of Labour in acknowledging the first Canadian Occupational Health and Safety Week which will commence on Sunday,

June 15. I am sure the minister will agree that this very important occasion comes at a difficult time. It comes at a time when work place accidents are up rather significantly in our province. It comes at a time when the minister is concerned about the reaction of his ministry to these problems and has had to launch an investigation into the operations of his ministry. It comes at a time when the standing committee on public accounts has to consider the operation of the safety associations.

I think it fair to say that every member of the House shares our concern that Ontario's work places be as safe as possible. All of these things I have referred to are heading in that direction, and notwithstanding the problems I see this as a very positive development indeed.

I join with the minister, and I hope all members of the House in their own ridings will join in marking this very important occasion. Of course, we congratulate the Ontario branch of the Canadian Society of Safety Engineering for its initiative shown in organizing this very important occasion.

Mr. McClellan: I would like to respond to the statement of the Minister of Labour in which he announced the Canadian Occupational Health and Safety Week beginning this Sunday.

We have very little to celebrate this year, 1986. The statistics for industrial accidents over the past year show a massive increase in work-related accidents.

Quite frankly, the work of my colleague the member for Sudbury East (Mr. Martel) over the last three or four months has demonstrated to the entire province that this minister and this ministry have not come to grips with the problems of safety on the job any more than their predecessors had in the previous government.

I note with amazement that the Minister of Labour announced health and safety week without a single, solitary reference to the Industrial Accident Prevention Association. There was not a word about the IAPA which received \$34 million, if I am not mistaken, from the Workers' Compensation Board to promote health and safety.

The question, of course, answers itself. The IAPA appeared before the standing committee on public accounts a week ago and it was unable to account for a single dime of the \$34 million given to it by governments to promote health and safety. It is on notice of summons to reappear to the public accounts committee to explain the stewardship of those funds, and the stewardship of its responsibility.

We expect it will be unable to account any more than the minister has been able even to mention it in his statement.

I hope that next week we will see some announcement from the minister. I hope he will be able to table an explanation of the work of the IAPA and an accounting of its expenditure of funds. I hope he will explain what he intends to do with Bill 101, which is on Orders and Notices. I hope he will explain why the occupational health clinic on the Lakeshore has not been funded by his ministry, and why it may be closed as early as September of this year.

I hope the minister will have some concrete announcement next week, during health and safety week, to tell us what his government intends to do and that he will not simply try to get by this occasion without any comments of substance or significance.

GO TRANSIT

Hon. Mr. Fulton: Last fall, I outlined to the Legislature plans for the long-term expansion of GO Transit train services in the greater Toronto area. The first phase of that expansion was to be the addition early this year of another weekday train to Burlington, making a total of three round trips between Burlington and Toronto.

Canadian National had given approval in principle to operate the new train but when detailed assessment got under way, the railway found a number of unforeseen operational impediments. The further the investigation went, the greater the complications. Unfortunately, we could not implement new service sooner.

Eventually I met with CN vice-president John Sturgess and, as a result, a way was found to resolve the problem. I am happy to announce the new train will start operating, not only to Burlington but also to Hamilton, on October 27. In other words, as of October 27, there will be three daily round trips between Toronto and Hamilton.

Further, the package to be introduced in October makes changes in GO's morning rush-hour schedule. These changes provide increased capacity along the entire route west of Union Station. With the three Hamilton-Burlington trains running express for the portion of the trip between Clarkson and Union Station, many passengers will enjoy faster service in addition.

The evening change is much simpler but equally beneficial, with a new semi-express train leaving Union Station early in the rush hour to make the run through to Burlington and Hamilton. This is only the first step in a phased program

which will see us operating full GO train service to Burlington within the next few years.

[Applause]

Mr. Gregory: I want to join in the applause to the minister for the announcement of the additional GO train service and the fact that, in his very persuasive way, he has convinced Canadian National's vice-president, Mr. Sturgess, to go ahead with this. One wonders why he did not talk to Mr. Sturgess before he made his announcement last fall. It might have saved a lot of trouble and it would have made the member for Burlington South (Mr. Jackson) much happier had the homework been done first.

While congratulating the minister for this announcement, I hope he will not regard this as being a substitute for the much-needed rapid transit to serve the communities to the west of Toronto. While realizing that GO Transit is very important, it carries only a small portion of the required transit service to the communities west of Toronto.

I am also a little surprised that, while announcing the good news of the additional service, the minister did not take the trouble to announce the inevitable increase in rates which, as I understand it, will be announced on Friday. Had that been a part of the statement today, it would have given a more complete picture of what will happen in the future. Apart from that, I congratulate the minister on his announcement.

Mr. Mackenzie: I want to indicate to the Minister of Transportation and Communications my pleasure at his announcement of a third round-trip service right through to Hamilton.

Leaving my house at 7:30 this morning and arriving here at 9:30 is some indication of the kind of traffic jams we have along the Queen Elizabeth Way. It is my impression they have been getting worse and not better.

The need for the service to run on a regular and rapid basis, right through to Hamilton, is obvious. I am just a little bit concerned about the minister's final comments, that is, "This is, of course, only the first step in a phased program which will see us operating full GO train service to Burlington within the next few years."

I am hoping it will not be a number of years. I hope his intention is to go right through to Hamilton and not just to Burlington with that GO train service.

2:35 p.m.

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: In the absence of the Premier (Mr. Peterson) on this difficult day for the people

of Ontario, I have a question for the Minister of Health. We have been informed that, as of today, across Ontario the medical advisory committees have resigned in approximately seven hospitals, the chief of staff has resigned in 23 hospitals, all or most of the doctors on the medical advisory committees have resigned in 24 hospitals and, in at least two hospitals, the abortion committees have either resigned or are not functioning.

With this kind of chaos in the system, and given the fact that our colleague the member for St. George (Ms. Fish) singlehandedly avoided a tragedy yesterday, could the minister tell us what steps he is taking that will meet his obligation under section 6 of the Ministry of Health Act, "to oversee and promote the health and the physical and mental wellbeing of the people of Ontario"?

Hon. Mr. Elston: It became very clear that it was direct intervention by the College of Physicians and Surgeons of Ontario that assisted the patient whose case was brought to the attention of the House in a belated fashion yesterday by the member for St. George. The member would have to say that the college has served the public interest well by taking the action that we know it can take and did take in this effort. The college is performing its role. The Ontario Hospital Association is also playing a role, and we are fulfilling the mandate of monitoring and being aware of what is happening to patient care inside the hospitals.

The honourable gentleman must be aware that patients who are being served by physicians are continuing to receive care in those institutions. He has said it is chaos. I have contacted several institutions and found that there is no chaos. In fact, the patients are receiving care from the physicians.

Mr. Grossman: The Public Hospitals Act, section 32, requires every board to establish a medical advisory committee, which committee is in place to ensure the health and safety of the patients at that hospital. The minister's obligation under that same legislation is to administer and enforce the act.

Given that in the course of a day perhaps 200,000 medical services are performed in Ontario and, to take the minister's estimates, about 50 per cent of the doctors are participating in the strike, at least 100,000 to 200,000 people are going to be inconvenienced, to put it mildly, in Ontario today.

In view of this chaos in the hospitals and the 100,000 to 200,000 patients being inconvenienced, can the minister tell us why he or the Premier would not pick up the phone today,

call the Ontario Medical Association and stop inconveniencing 100,000 people in Ontario?

Hon. Mr. Elston: In this province the physicians decide when they deliver service to their patients. They have done that for years before and they are still deciding when they deliver service, what service to deliver and what type of therapies to provide for their patients. That is something I am not intruding upon. I do not have the expertise to make a judgement. The OMA executive obviously feels it can direct and require its members not to serve patients. That is an unfortunate decision on its part. I have no intention of intruding into that relationship.

It is very interesting to reflect upon the history of a strike that occurred in 1982. A headline was printed in the nationally distributed daily of the day, originating here in Toronto, that said, "Grossman Waiting for OMA to Call Him Before He Deals With the Strike." It seems to me that this gentleman has some nerve in talking about picking up the phone.

We are in touch with the people, we are monitoring the situation and I am confident the patients are being served.

2:40 p.m.

Mr. Grossman: I would invite the minister to ask the OMA whether there were constant conversations between me, our negotiating committee and the OMA in 1982, and to reflect upon the difference between the 1982 circumstance and the incredible standoff and words of greed and harshness, describing the OMA as living in a time warp, that have singlehandedly caused the withdrawal of services affecting 100,000 to 200,000 patients in Ontario today.

How is the minister going to ensure that he meets his responsibilities under section 6 of the Ministry of Health Act, "To oversee and promote the health and wellbeing of the people of Ontario and to be responsible for the development and maintenance of comprehensive health services," if his response is not to pick up the phone and end this fight?

Interjections.

Mr. Speaker: Order. I remind all members that when the Speaker is on his feet, members should resume their seats.

Hon. Mr. Elston: This gentleman keeps trying to indicate that there is some serious catastrophe. If he has word of something happening that is a catastrophe, he should tell us. We are reviewing and monitoring every situation and have very close daily contact with the College of Physicians and Surgeons of Ontario,

the hospitals and the Ontario Hospital Association to monitor situations. I can tell the honourable members and the public that we are making contact with those institutions where difficulties are reported to us.

I can also tell the member opposite there is something more in this system. The boards of the hospitals are meeting and they are carrying out their mandate to manage and administer their hospitals by making arrangements with their medical staffs. For public information, there are some people who have resigned as chiefs of staff only for the purpose of attending committee meetings, but who have undertaken to provide the services and review the circumstances under which the medical services are being supervised. There are no catastrophic things happening out there.

IDEA CORP.

Mr. Gillies: I have a question for the Premier. He made a statement in the House yesterday regarding his government's dealings with friends of the Liberal Party that was so riddled with inaccuracies and omissions that we are going to have quite a few questions to ask.

In the light of the remarks made publicly by the manager of the Innovation Development for Employment Advancement Corp. that he was well aware and the IDEA staff was alerted that the application for a grant by Graham Software was by Mr. Graham, a former partner of Mr. Schwartz, a good friend of the Premier, did the Premier not think, as part of his investigation, he should tell the House who in his government alerted the IDEA officials to this relationship?

Hon. Mr. Peterson: Because of the allegations made by the member and suggestions left in a number of people's minds, given the things he has said, we did look at it and we invited the member and anyone else to look at this whole thing through the standing committee on public accounts. I have never met Mr. Graham and had never heard of him, but because he had been publicly castigated, criticized and pilloried by the member, I had my assistant chat with him today. This is what he said:

"Upon questioning, Mr. Graham stated he is not a supporter of either the federal or provincial Liberal parties. He has in fact donated money through fund-raising functions to Mr. Terry Jones, former Progressive Conservative member for Mississauga North. He also supported Mr. Don Blenkarn but does not remember if he gave him money. Neither Mr. Gillies nor his staff ever tried to reach him with regard to obtaining

information about the company and its activities. He said, 'I never even heard of this guy until three days ago.'

"Mr. Graham said he was approached by the fund-raisers of Mr. Larry Grossman who sought his financial support for Mr. Grossman's attempt in the November 1985 Tory leadership campaign. He went out for lunch with one of the fund-raisers but he said, 'I did not like the direction Grossman was into and I declined to support him financially.'"

That is all I can tell the honourable member.

Mr. Speaker: Order.

Mr. Gillies: The Premier as usual is most amusing, and as usual has failed to answer the question. The Premier also said in his statement that Mr. Schwartz and Mr. Graham had not had a business relationship for some three years. In fact, they were both officers and partners in the Polaris company well into March 1985. The sequence of events is most interesting. They were partners in Polaris. That company was sold. Mr. Schwartz appears in this government as a member of the Premier's transition team and then months later both former partners are receiving multimillion-dollar grants from this government.

Did the Premier not think that rather interesting series of events was also worthy of his consideration in his so-called investigation?

Hon. Mr. Peterson: The member obviously was not here yesterday and I invite him to invite all these people to the standing committee on public accounts. Let him invite the board of IDEA Corp., invite Mr. Graham and Mr. Schwartz. He should invite anybody he wants. He may want to show up himself and testify if he has some information that will be helpful in determining these things.

I gave him the best information we had yesterday. If he is not satisfied with it, and obviously he is not, then he should call forward some of these people whose names he is bandying about. He will want to satisfy himself about the way the grants were made, whether they are at arm's length. I know he assumed we put influence on Mr. Macdonald. He is suggesting he is subject to some kind of political influence.

The member questions the integrity of a number of people in this House and I think he should call these people before the public accounts committee. He should do this and then I think he will have a better sense of his responsibility for using his soapbox in this House and he will do better research before he stands up

and says some of these things and tries to slander people.

Mr. Gillies: The Premier has again failed to answer the question. It is not the integrity of anyone outside of this chamber that is being questioned. I suggest to him that by making such an inaccurate statement as the one he made yesterday, by altering the facts and dates of the involvement of these various individuals, whether he likes it or not, he is in this up to his immaculately tailored elbows.

Mr. Speaker: Final supplementary. Be careful.

Mr. Gillies: Will the Premier be able at least to advise the House of the exact role Mr. Schwartz played in his transition team? Would he confirm information that the opposition has that he was located in the office of the Chairman of Management Board and that his work directly involved contracts and computers?

Hon. Mr. Peterson: Some of his work has been of assistance to us. He has been reviewing the computer programs. This was some time ago. I am not too sure if he is still doing that or not. As the member knows, there is a plethora of computer programs with communities, through the educational system and through the community program of the Ministry of Citizenship and Culture, that were generally recognized to be quite a mess. We sought advice. He was not paid for that. That was done voluntarily. Mr. Schwartz has contributed hundreds of thousands of dollars of his own money to this project. It is a nonprofit project, as the member may be aware.

If the member suggests the facts are wrong, I told him yesterday that I gave the information to the best of my ability in 24 hours. Call them forward. Bring all the documents forward. He may want to review the entire process of reviewing grants of this government and past governments.

Mr. Gillies: If the Premier answered a few questions, we may not have a need for one.

Mr. Grossman: What is the answer to the last question? Can the Premier answer the question? Does he know what Schwartz was doing on his transition team?

Hon. Mr. Peterson: The member would also want to look at a government grant announced on April 23, 1985, for the International Telecommunications Discovery Centre in Brantford.

2:50 p.m.

Mr. Speaker: Order. Will the Premier take his seat?

Hon. Mr. Nixon: On a point of order, Mr. Speaker: It occurred to me that you might be going to draw the attention of the House to the statement made by the member for Brantford (Mr. Gillies) when he indicated the Premier had altered the facts. I think it is quite appropriate for the member to disagree with the facts, or as they are perceived, but to indicate that the Premier or any other honourable member altered the facts, in my opinion, is unacceptable.

Mr. Gillies: A point of order, Mr. Speaker.

Mr. Speaker: There has been a point raised by the government House leader.

Mr. Gillies: It is speaking to the point raised by the government House leader.

Mr. Speaker: Order. The point was raised that the honourable member stated the Premier had altered the facts. There seems to have been a considerable number of words. I believe I asked the member to watch what he was saying. Under the circumstances, I should take a look at Hansard.

Mr. Brandt: Mr. Speaker, a few moments ago when my leader was speaking and you stood, I distinctly heard you indicate that when you stand, any member of the assembly who is standing should sit.

The same circumstance occurred a few seconds ago when the Premier, the leader of his party, was standing. You stood, sir, and he remained standing during the course of his deliberations and discussions with this House. Why do the same rules not apply to both sides of the House?

Mr. Speaker: That is an interesting comment. I think I should refrain from referring to it. I am doing my best to keep the House under control as fairly as possible, and I will continue to do that.

[Later]

Mr. Gillies: On a point of order, Mr. Speaker: In the first question I asked the Premier, I believe I may have said that dates were changed in the Premier's statement.

An hon. member: Altered.

Mr. Gillies: I am sorry if I said that. I meant to say the dates were incorrect in the Premier's statement. If I said "altered" and by inference—

Mr. Rae: The member said the Premier was in it up to his elbows and that the Premier had altered the dates.

Mr. Gillies: He certainly is up to his elbows. Speaking to the point, if by inference the suggestion was that the Premier changed the dates, then I withdraw that.

Mr. Speaker: I understand you withdraw.

Mr. Gillies: Yes.

EXTRA BILLING

Mr. Laughren: I have a question for the Minister of Health. It is a particularly pertinent question in view of his remarks a couple of minutes ago that the College of Physicians and Surgeons of Ontario is "performing its role and patients are receiving care." I believe those were his exact words.

There is a person in my constituency, Mrs. Zyma, who quit a seasonal job because she was scheduled for major surgery this week. She has just been informed major surgery cannot be performed and cannot be rescheduled in view of the indeterminate length of the withdrawal of services by the doctors of the province.

Does the minister think that is appropriate behaviour on the part of the medical profession?

Hon. Mr. Elston: As I said to the member for St. George (Ms. Fish) yesterday, I would have preferred to have heard about this matter earlier so that we could have referred it on quickly to be dealt with. In the situation yesterday, the college was able to make some arrangement. It is quite possible we may be able to do something for Mrs. Zyma.

Under the circumstances, I appreciate that a physician has made a determination that he or she does not wish to deliver service. In that situation, I invite the honourable gentleman to give me the details of the matter so that I can have it referred and assistance can be found.

Mr. Laughren: I will be happy to do that. I should tell the minister I was in touch with the college of physicians and surgeons this morning, and at two o'clock it had not even returned my call.

Is the minister aware that in this situation we have a woman with five kids at home who had to quit her job to have this surgery done? The Canadian Employment and Immigration Commission does not view her case as acceptable for benefit because she is not ill. She can do her job, but she has to have major surgery with a long recuperative period.

Does the minister think it is acceptable that this goes on? Does he understand we are not talking about elective surgery? Is that what the minister thinks elective surgery means? Does he agree with the OMA that this falls into the category of elective surgery?

Hon. Mr. Elston: As Minister of Health, I do review situations such as this. I would have

invited an earlier intervention by the member to me so we could have reviewed it.

I understand the college is holding a special meeting today, which probably prevented a direct call back to the member. I understand efforts are being made to return calls as they come in. They were meeting this morning.

I do not know the circumstances of the case. It may be that the honourable gentleman knows them better and can make the determination that this was not elective. I am not a physician and I cannot make that judgement. The college has the resources available. Advice can be sought and it can extend its best efforts to assist people who have difficulties along the lines the member has described. If he is asking me to define for him whether that was an elective-surgery situation, I cannot do that because I do not know the circumstances.

Mr. Laughren: It has nothing to do with the surgery being elective. It has to do with the abandonment of a patient; that is what it has to do with. Why has the minister not already put in place some contingency plan so that when this occurs, people know who to phone? There must be many people across the province who do not know where to turn when something such as this happens. That is why they are phoning the offices of the members of this assembly. What contingency plan does the minister have at this point to make sure this does not continue?

Hon. Mr. Elston: Through the local offices of the Ontario health insurance plan and through other ministry offices, there is opportunity to make contact. We have people available in my ministry to receive calls from the public and we have received some. Hotlines have been set up by the College of Physicians and Surgeons of Ontario. I think the member would be able to get in touch with me. Yesterday I invited people to contact me directly. If he called me, I apologize for not getting back to him. I do not think he called me, but if he did, I did not receive a note.

All I am saying is that I am prepared to intervene on these things and people will then know exactly where to call. If the honourable gentleman is saying that this was an emergency situation and that it was not elective, I cannot make a judgement on that because I do not know the situation and I do not know the circumstances. Let me pursue it for him. A little later on I will be pleased to look at the circumstances he has provided.

Mr. Rae: I have a question for the Minister of Health. Can he tell us why there is not one highly publicized, well-known, widely distributed,

widely diffused, universally known, universally accessible telephone number that every person in this province can call with a complaint or concern that they are not getting the service they think they deserve?

Mr. D. R. Cooke: Zenith 6-9100.

Hon. Mr. Elston: There have been efforts through the daily press to make available the number just mentioned by one of my colleagues, the member for Kitchener (Mr. D. R. Cooke). I think it is available. If the member wishes, we can tell the people about it better. There has been an indication in the daily press of where to call. The members know they can contact me directly. A fair number of people know what my number is. We could make the information more readily available. We will speed up our efforts to disseminate that information if there are areas of the province that are not well served by that information.

Mr. Rae: The Ontario Medical Association is placing advertisements. One can hear them on the radio every day. It has huge ads in the newspapers. Why is the government of this province, which has presented the bill to the Legislature, not at least publicizing a way in which the people of this province can express their concern and their outrage at having been left out of the health care system they feel they belong in and should have access to, and at not having received services they feel they are very much entitled to? Why does the minister not at least take that approach instead of saying, "Everybody knows what my number is"? Not everybody knows what the minister's name is. Let us get the numbers out there so we can deal with the issue.

Hon. Mr. Elston: If the honourable gentleman is alleging that patients have been abandoned, as was alleged by the member for Nickel Belt (Mr. Laughren), that is a particular complaint that we can deal with and lodge with the College of Physicians and Surgeons of Ontario. Each member of this Legislature knows that very well. Each member who receives a call should be operating on the basis that he can come directly to me. I have asked the members to do that. We will act on the calls and refer the people to the various places if follow-up action is required.

I am taking the information provided by the member for Nickel Belt and the member for York South (Mr. Rae) as an indication that we have not disseminated the telephone number widely enough. I will look into a means of disseminating the number much more widely. I saw those numbers printed in at least one of the daily

newspapers. It seemed to be visible enough. However, I can appreciate the coverage may not be appropriate for certain other areas of the province and we will look into the areas that are not well covered.

3 p.m.

Mr. Rae: I never thought I would have to give the Liberal Party lessons on how to advertise, but that appears to be necessary in this case. What we need is a hotline.

Has the minister met personally with the college? Can he give us an assurance that the college will be stating very clearly today the differences among elective, necessary, urgent and emergency services and surgery? Can the minister give us the differences among them? Can he assure us that the college will be giving us those differences, so we will not continue to have situations where each physician is making up his own mind without having any clear sense of precisely what the rules and guidelines are? Can we have those clarified? Can we have them stated and widely diffused so everybody—patients and doctors—knows precisely what is going on, what his rights are and what his access ought to be in Ontario?

Hon. Mr. Elston: The honourable gentleman is asking the college to prediagnose every case.

Mr. Rae: No, I am not.

Hon. Mr. Elston: It seems that way.

Throughout the province, medical staffs have been looking at each item as it comes to their attention. The physicians have been making decisions about what is elective, what is emergent, what is urgent and otherwise. In calling a fair number of hospitals myself, I have found arrangements are being made to ensure the integrity of patient care in those institutions.

I have not met face to face with the college, but I have been in personal contact with the college in the days leading up to this, and today I was talking to Dr. Dixon. I can tell the honourable gentleman and the members of this Legislature that I am in personal contact not only with the College of Physicians and Surgeons of Ontario but also with the Ontario Hospital Association and individual hospitals where problems could develop.

IDEA CORP.

Mr. Gillies: My second question to the Premier concerns one part of his statement yesterday that was particularly informative and gave us new information. We were aware that Wilfred Caplan was acting as a financial

consultant to the Wyda corporation, which received a \$3-million equity from the Innovation Development for Employment Advancement Corp. Until the Premier revealed it in his statement, we were not aware that Mr. Caplan is also a senior vice-president of that firm and is shown as such in the records.

Would the Premier comment on the propriety of \$3 million of public funds going by way of a grant to a company of which the spouse of one of his ministers is an officer?

Hon. Ms. Caplan: Mr. Speaker, I would like to rise on a point of personal privilege and answer that question, if I may.

Mr. Speaker: The question was directed to the Premier. Does the Premier wish to redirect?

Hon. Mr. Peterson: I will refer it to my honourable colleague.

Hon. Ms. Caplan: I would like to give an answer that is complete to the honourable member and to clarify.

My husband, Wilfred Caplan, is and has been since 1971 a financial consultant to small business in this province. At no time has he ever been legally an officer or director of the Wyda company. He was retained by Wyda last spring, in or around May, prior to the change of government.

Mr. Runciman: May 2.

Mr. Speaker: Order. I did not ask for a supplementary.

Hon. Ms. Caplan: He was retained to oversee the financial and accounting operations of the company. Wilf undertook to attempt to secure secondary financing from the private sector. To further that aim, and as an accepted business practice, Wilf was referred to as the vice-president of finance. He is not an officer or a director, nor has he any beneficial interest in the company.

After the change of government, he retained the advice of Blenus Wright, assistant deputy minister of the Ministry of the Attorney General, in order to comply with the very stringent conflict-of-interest guidelines. Wilf asked Blenus Wright this question: "Because my wife is about to enter the cabinet of Ontario, can I continue in my business in this province or will this put me out of business?" He was told there were very strict rules and regulations under which he could continue. He was told he could not hold equity in a company that had a contractual obligation. In fact, the conflict-of-interest guidelines are such that no member of

this cabinet can hold stocks or shares in any public or private company. All was divested.

He was also told—and if the House will permit, I would very much like to clarify that—

Mr. Harris: If the minister feels this is so important, why did she not stand up during statements and clarify this matter?

Hon. Ms. Caplan: If the House would let me, I would very much like to proceed.

Interjections.

Mr. Speaker: Order. This is question period, so a supplementary.

Mr. Gillies: First of all, I would ask whether it would be in order for the minister to answer this question, as it does not relate to her ministerial responsibilities. However, I will direct my supplementary—

Hon. Ms. Caplan: You do not want to hear the truth.

Mr. Gillies: I would very much like to hear the truth.

Mr. Speaker: Order. It was redirected by the Premier to the minister. The minister has responded.

Mr. Runciman: She should not have accepted it.

Mr. Harris: On a point of order, Mr. Speaker: Several allegations have been made. If the House consents to revert to statements, we will be happy to hear the statement.

Mr. Polsinelli: Who made the allegation?

Mr. Speaker: A question was asked to—

Mr. Harris: I was told I did not want to hear the truth. That was an allegation by the member opposite. Do members want to hear it again?

Mr. Speaker: Order. The member said you did not want to hear the truth?

Mr. Harris: Mr. Speaker, in answer to an allegation that I did not want to hear the truth, I said I would seek unanimous consent to revert to statements. Let us have the statement we should have had earlier.

Mr. Speaker: Order. The member suggests we revert to statements. That is impossible.

Ms. Fish: It is not impossible.

Mr. Speaker: It is not impossible, but it would be—

Ms. Fish: You are going to say we cannot revert to statements?

Mr. Speaker: Order. Do I understand that the member for Nipissing (Mr. Harris) has requested—

Hon. Mr. Peterson: Ask a question. Does the member want the facts, or does he just want to raise a fuss and make allegations?

Mr. Speaker: Order. The member for Nipissing has asked whether the House would agree to revert to statements so that the minister can complete the comment.

Agreed to.

Hon. Ms. Caplan: To continue, in or about August 1985, Wilf was informed that Wyda was about to approach the IDEA Corp. as a potential investor. He stressed at the time that he could not be involved in any financial arrangement; he insisted that his consulting relationship be disclosed to the IDEA Corp. at that time, and it was done. In fact, Wilf signed an affidavit, which was filed on closing, to the effect of what exactly his relationship was with the IDEA Corp. and that he had no beneficial interest, no financial interest and would not benefit financially in any way.

3:10 p.m.

When he asked Mr. Wright whether he could continue in business in this province because of the fact that I had honour to serve in this cabinet, he was told there were specific ways in which he could do business. The caveat was that it be open and clear and that there not be any question about my involvement in any way. As a member of this government, as Chairman of Management Board, as chairman of cabinet or as Minister of Government Services, I have not dealt with any of the investment decisions in any way, shape or form to influence the investment decisions of the IDEA Corp., nor would I.

My husband has made a great personal and business sacrifice. In March he began a new business in metal trading because of the difficulties during this past year and his belief that his clients would be penalized. He would have to advise them that he could not represent them to the fullest of his professional capacity, if they were excluded from the ability to deal with the government. Therefore, he has begun a new business.

I would like to know how many people at the age of 52 would change their professions to accommodate their wives and their ability to serve in this Legislature. I deeply regret the attack of the member for Brantford (Mr. Gillies) on my family's credibility and the distress that this has caused my family and my integrity.

Mr. Gillies: As a supplementary, it is not the minister's integrity that is being questioned; it is her judgement.

Interjections.

Mr. Speaker: Order.

Mr. Gillies: It would appear from the minister's statement that her husband belatedly came to the same conclusion to which we have come, that it was not appropriate for him to continue in that type of business.

I say, by way of supplementary to the Premier—

Mr. Speaker: Order. It is to the minister. The minister responded on direction from the Premier. As in the past, I have always said that a supplementary goes to the minister who responds to the question. Does the member have a supplementary?

Mr. Harris: Mr. Speaker, on a point of order: Is it out of order to have a point of order?

Mr. Speaker: I really wanted to find out whether there was a supplementary. However, if you have a point of order, I will listen to you.

Mr. Harris: Thank you, Mr. Speaker. Under standing order 29(f, it says, "A minister to whom any oral question is directed may refer the question to another member who is a member of a board or commission to which the question applies." I suggest to you, sir, that you erred in allowing the transfer. We corrected that error by allowing the statement the minister had prepared. Can we now go back to the question to the Premier with a supplementary?

Mr. Speaker: As in the past, the supplementary must go to the minister to whom the question was directed. As we all know, it is possible with unanimous consent, if the House wants to give unanimous consent. Is it agreed?

Agreed to.

Mr. Gillies: My supplementary is to the Premier. We have a situation here where a minister of his government has a very close member of her family working with a company which received a significant benefit from an agency of the government. As I said earlier, I do not believe it is so much a question of integrity as of judgement. When everybody from the manager on down at the IDEA Corp. knew of the relationship of Mr. Caplan to this government, does the Premier still stand by his contention that there was nothing inappropriate in this transaction?

Hon. Mr. Peterson: A few minutes ago the member was questioning our, my or her integrity and that of some other people; now he is questioning our judgement.

Mr. Harris: No.

Mr. Davis: We are certainly questioning yours.

Hon. Mr. Peterson: Sure, he was. Let me tell him what really is the discussion. I have nothing to hide in this situation. I invited him—and I wish he would take advantage of the opportunity—to bring all this before public accounts. Call Wilf Caplan. Call the minister. Call me. Call the IDEA Corp. He can call anybody he wishes and satisfy himself, or he can stand up and make the allegations he makes on a daily basis.

I want to tell my honourable friend something. What is on trial in this situation is his judgement and it is not showing up very well at the moment. There are other aspects of his judgement and the judgement of the situations he participates in that could be discussed as well. An example is his announcement of the International Telecommunications Discovery Centre grant in Brantford of \$5.5 million during the campaign with virtually no scrutiny. Let us bring that back. He consistently shows bad judgement. It was all done with Blenus Wright.

Mr. Gillies: If the Premier would just answer one solid question—

Hon. Mr. Eakins: Where is Larry?

Hon. Mr. Peterson: It just shows my friends who turn so holier than thou—

Mr. Speaker: Order.

Mr. Gillies: One serious question—

Mr. Speaker: Order.

Miss Stephenson: Cover it up. You just did.

Mr. Breough: Let us get fast Eddie Goodman to investigate this.

Hon. Mr. Peterson: Let us take them all to public accounts.

Hon. Mr. Riddell: On a point of order, Mr. Speaker: I notice the Leader of the Opposition (Mr. Grossman) chooses to step out when his colleagues decide to sling mud. Is there any particular reason for that?

Mr. Speaker: Order. That is not a point of order. It appears to me we may need a short period to cool off.

Mr. Breough: They have to hide.

Hon. Mr. Riddell: Yesterday and today. What is wrong?

Mr. Harris: The leader was here for part of it; now he is off on an airplane.

Mr. McClellan: Throw the member out.

Mr. Speaker: Order. As I said, I believe it is just about time for a short period to cool off.

Mr. Rae: I will cool it off. I will shut down the place. I will turn the lights off.

PAPER MILL

Mr. Rae: I have a question for the Minister of Northern Development and Mines.

Interjections.

Mr. Rae: No, it is not about that; it is about another question.

I want to ask him a very serious question with respect to Kimberly-Clark. He will know of the announcement that was made by the company and he will know that thus far we have no clarification and no further knowledge with respect to what will happen to the jobs in the mill and what will happen to the jobs in the bush.

Can the minister tell us why the government has not appointed one individual who would be responsible for co-ordinating on behalf of the people of the province its negotiations with the company and why that individual has not been given the power to talk to the company, to talk to all the ministries involved and to talk to the towns involved?

Mr. Speaker: Question.

Mr. Rae: Why has that not been done in order to protect the jobs that are at stake in that part of northern Ontario?

Hon. Mr. Fontaine: I take this as a very good suggestion from my friend the leader of the third party.

When the Minister of Labour (Mr. Wrye) and I met with the company for a couple of hours about a month ago, they told us they would get back to us within a month or a month and a half. They were here this week to discuss the matter with my friend the Minister of the Environment (Mr. Bradley). They are looking at a plan, but they themselves do not know where they are going. They have told us when they are sure, they will come to us. At that time, I will give consideration to the honourable member's idea.

Mr. Rae: We are still back in the old days where Kimberly-Clark, based in Georgia and Texas, comes back to the minister to tell him what the story is going to be and then the government of Ontario responds. That is not good enough and I do not believe the people of the province think that is good enough when it comes to those 2,000 jobs.

3:20 p.m.

The minister knows full well those 2,000 jobs represent the livelihood of at least three communities and represent the economic lifeblood of those three communities. Can the minister tell us

why he is not negotiating a serious resource planning agreement today which would give a long-term assurance to the people in that part of northern Ontario? Can he tell those people in Terrace Bay and in Longlac why he has not negotiated a resource planning agreement which would give them the assurance that their jobs would be there, not just for another year, not for five years, but also for decades to come, because that is where they belong?

Hon. Mr. Fontaine: First, the problem at Kimberly-Clark does not affect only two or three towns; it affects the whole of northern Ontario. We are looking at it seriously. We were told a few weeks ago by the Minister of Natural Resources (Mr. Kerrio) that if they do not operate the resources part the honourable member is talking about, they will not have the right to utilize the forests. We were told about that two weeks ago.

I want to reassure the member that my home town too is affected by Kimberly-Clark. I ask him to give us a little time on this because, as I say again, they did not tell us they would come back at the end of the year. They asked to be given up to the end of July. They are working on a plan and, at that point, we will meet together with the ministers involved and I will look at the plan the member is talking about and maybe put somebody to work on this issue from July on. At this point, they do not know and I do not know myself; nobody knows. We will have to wait.

I have met with the president as often as the member has and I have met with other people in the company, and they told us that. I am going to Nakina in the first week of July. I will be in Longlac, Geraldton and Terrace Bay. I will spend a week after the first of July to meet the people of those areas to find a solution. I will be back in this House when they report to me.

IDEA CORP

Mr. Gillies: I want to go back to one of the earlier questions to the Premier that he did not answer. What was the role of Abe Schwartz in his transition team?

Hon. Mr. Peterson: He assumed a role in government in the period when we were putting together a group of men and women from across the province to assist in preparing ministers. I am not sure of all the details, frankly, but I could check them out. I think he was involved in making sure new ministers would have executive assistants, interviewing people and helping to make sure we would be ready to go in a relatively short space of time. It was that type of thing.

Mr. Gillies: Would the Premier be aware, or could he share with the House, whether any of Mr. Schwartz's activities within the government during that time would relate to the field that he has pursued through the Exploracom project with the \$17.5-million grant? Were any of his activities related to computers, dealing with computer-related companies or with officials of this government who are putting together computer-related projects at a rather fast rate?

Hon. Mr. Peterson: Not as far as I know, but I want to amplify that a little bit. As a former minister, the member will be aware that there have been some problems with the electronic delivery systems in the government in the various programs that have been undertaken. We wanted to make sure we were doing the right thing. I know he has given advice to the Minister of Education (Mr. Conway) on his computer programming.

Mr. Davis: Is that how IBM got in?

Hon. Mr. Peterson: Perhaps not there, but he has given advice on what types of systems to get, etc.

He charged no money. He did not charge for expenses. It was done on a volunteer basis to assist because he is recognized in most reasonable quarters as one of the authorities in this country on computers and data technology. He was not contracting on behalf of the government for his own purpose or for anyone else. He has not profited in any way. As a matter of fact, it has cost him a great deal of money to do that.

SOUTH AFRICAN INVESTMENTS

Mr. Foulds: I have a question of the Premier. Is he aware that the Eminent Persons Group report yesterday indicated that South Africa faces what could be the worst blood bath since the Second World War unless international pressure is brought to bear to abolish apartheid?

He will recall saying to Bishop Desmond Tutu, when he spoke here in the Legislature on May 30: "You have given much hope to all those who seek justice. In this province we have sought to contribute to that cause with acts of symbolism but of substance as well, and I can assure you, sir, our commitment will not diminish."

Can the Premier tell me one concrete act of substance his government will take to put pressure on the government of South Africa? Will he tell companies they have a choice—that they can do business with South Africa or the government of Ontario, but not both? Will he tell the Ontario municipal employees retirement system board it must not merely pass resolutions

deploring apartheid, but it must divest itself of its investment in apartheid?

Hon. Mr. Peterson: Let me take the honourable member back in history and remind him of the leadership this government has provided in this regard. I am not suggesting there is not more we can do; we are exploring ways. Does the member want to be specific? Is he saying, for example, we should not buy uranium from Rio Algom, and if it does not stop doing business in South Africa, we should close down those uranium contracts and close down Elliot Lake?

Mr. Wildman: No.

Hon. Mr. Peterson: If that is what he is saying, he is entitled to his point of view on that situation. We have not done a broad canvass about our contractual relationships, with whom we are doing business as a government and whether they are involved in other countries. Sometimes these things are very hard to find out.

We have issued in a very clear way the view of this government. We have banned the importation of South African wines. We have done the same thing in all our purchases. We have moved on OMERS. It came back with a report to the Treasurer (Mr. Nixon) saying it was going to divest.

Mr. Foulds: No, it did not.

Hon. Mr. Peterson: That is my understanding.

Mr. Foulds: No, it did not. The Treasury officials contacted the Treasurer.

Mr. Speaker: Order.

Hon. Mr. Peterson: I do not have a copy of the resolution with me, but I will send it to my honourable friend. He may not approve of the wording, but my understanding is that over a period, it will divest. The Treasurer is at present looking at the entire situation with pension funds and other holdings with respect to the things we can reasonably do and provide the leadership we would like to provide. I know where we stand. We have moved in a thoughtful way and taken steps that a lot of other governments in this country have not taken.

Mr. Foulds: If the two steps I asked of the Premier are too large a bite for him to take out of Bishop Tutu's allegorical eloquence, perhaps he can take one small bite.

Will the Premier withdraw all liquor currently on the shelves of the Liquor Control Board of Ontario stores in Ontario? For example, will he ask the Cumberland Street store in Thunder Bay to withdraw the three brandies, the four wines, the one port and the two sherries it was selling at

one o'clock this afternoon? Will he tell Toronto's Queen's Quay, Jane and Finch, Coxwell and Bayview Village stores to withdraw the South African liquors they are selling? Will he tell the two stores in London, the all-brands store and one other we contacted, to withdraw the South African wines from their shelves today?

Hon. Mr. Peterson: Now I know where my honourable friend spends his spare time.

Seriously, in response to his question, the answer is—

Mr. Foulds: Why will the Premier not treat it seriously?

Hon. Mr. Peterson: I am treating it seriously. I ask my friend what would that accomplish. We would not be making any statement with respect to South Africa. We would end up with that inventory in a warehouse. Does the member want us to throw it down a sewer, or would it be better to sell it, get the money and contribute those moneys to worthwhile projects here and/or abroad? By pulling that stuff off the shelves today, we would not be punishing anybody in South Africa or sending a message in any way; it would only be wasting money. I do not know what the total amount of that is, but we said at the time—

Mr. Foulds: The government's words are cheap, but its actions are limited.

Hon. Mr. Peterson: The member is wrong. With great respect to my honourable friend, we are selling that stuff; we did not buy any more. We said at the time we were going to do this, as we have to run this government, in a reasonable, businesslike way. Those moneys will come into revenues to pay for hospitals, schools and a number of other programs we have in this province. His advocating just throwing away money is not sensible to me, particularly when it does not make a point.

3:30 p.m.

SPECIAL EDUCATION

Hon. Mr. Conway: I shall try very quickly to respond to a four-part question by the member for Scarborough West (Mr. R. F. Johnston) earlier this week about provision of French-language special education services in the national capital area.

First, there were no programs offered because there were none required of the two separate school boards in Ottawa-Carleton, according to my latest information. I have identified three visually impaired French-speaking students in the current school year. All of those students are

being provided for in the regular school program, according to the identification and placement review committee.

Second, contrary to the honourable member's statement, there are seven teachers in Ontario who are qualified to teach the visually impaired students in French.

Third, contrary to the member's suggestion, we do accept qualifications from Quebec and we have done so in one particular case that has allowed a fully qualified teacher of the visually impaired to be teaching in Cornwall.

Fourth, as a ministry we are taking specific measures to address by this summer the problem areas the member has mentioned at the W. Ross Macdonald School in Brantford, offering the French Braille course for the first time and, by next year, the first part of the specialist program.

Mr. R. F. Johnston: I am glad there is some action being taken. As the minister knows, that course is not going to be a credit course and I hope it will be one. The problem is one of program and the IPRC. I will put it directly to the minister. When boards tell him they are providing what those kids need, I say those boards are wrong.

How does the minister explain that of the four boards in the entire Windsor and Essex county area, only one board provides any special programs for blind kids? The Essex County Roman Catholic Separate School Board serves only two kids in that whole area. Most of the kids are sent to the Brantford home. The school boards have been reluctant to provide proper programming for our visually impaired because people in the IPRC do not know what they are talking about when they are dealing with visually impaired kids.

Hon. Mr. Conway: If the member has specific information he would like to share with me, I can assure him that I will be most anxious to follow up. We are taking steps to provide additional resources and programs. The member knows Bill 82 sets out a framework that sets local board responsibility. I regret he does not feel local boards in some areas are discharging their responsibilities. Again, if he has specific evidence he would like me to assess, I would be more than pleased to do so.

Finally, because the member in a quiet moment the other day again made the comment about noncredit courses at W. Ross Macdonald, I tried to follow that up. I am not yet sure what he is talking about. Perhaps he can enlighten me later today.

URBAN TRANSPORTATION DEVELOPMENT CORP.

Mr. Gregory: I have a question for the Minister of Transportation and Communications. Will the minister tell this House his opinion on whether negotiations with the government and Lavalin Inc. regarding the proposed sale of the Urban Transportation Development Corp. are proceeding well?

Hon. Mr. Fulton: I assure the member they are.

Mr. Gregory: If the minister believes the negotiations are going so well that he can answer in one word, why is the chairman of British Rail Engineering, a company which has had a keen interest in a joint-venture proposal with UTDC, coming to Toronto this Friday, that is tomorrow, to meet with government officials and Lavalin Inc.?

Hon. Mr. Fulton: I was not aware of the meeting that is taking place. I assure him that in talking with BC Transit officials during my trip to Vancouver this week, as indicated earlier, they have confidence in the company and in the transaction that is under way. They are exploring not only the two extensions I mentioned previously, but also five extensions to the system out there.

EXTRA BILLING

Mr. Rae: I have a question for the Minister of Health.

It is my understanding that the College of Physicians and Surgeons of Ontario has just had a press conference which was attended by Dr. Dixon and Dr. Catton, the president. I understand that Dr. Catton said, and this is as close to a quote as I can get: "We do not know what a strike is. We have had no experience of it. We do not know if what is going on today is a strike." Dr. Dixon—again I am quoting from my notes and I can only assume they are accurate—said: "Our mandate is to uphold standards of individual practice. We do not have any legislation to deal with a profession collectively."

The minister has passed the ball to the college and it appears it has decided to drop the ball. Can the minister tell us what the response is going to be now?

Hon. Mr. Elston: There was no passing of the ball at all. I can tell the honourable member that I share responsibility in situations such as this, as does the college and as does the administration of hospitals. In many ways, it is a shared responsibility and we are fulfilling our responsibility and

carrying out our mandate by being in touch with the places where there are difficulties. When the college was called upon yesterday by the member for St. George (Ms. Fish), it responded effectively.

If the honourable gentleman is suggesting the legislation be amended in some way, he should make that suggestion. I can tell him right now that we are carrying out our mandate and are responding to situations effectively. The college is carrying out a role, as is the Ontario Hospital Association. I might also remind the member that I am assured by administrators of hospitals, boards of directors, governors or whatever they may be termed in a particular community, that patient care is being provided.

Mr. Rae: I may have been in a different place this week, but I distinctly recall asking the minister several questions and hearing many other questions asked. His answer to every question that has been asked has been, "Go to the college and raise it with the college," or "I will take it to the college," or "I will phone the college and deal with the case on an individual basis." If he has not been passing the buck or passing the ball, I do not know where he has been. That is what I have heard and I think it is what most people have heard the minister say during the last week.

The college is saying it has no standards. It does not appear to have any. It says it does not feel it has legislation that would allow it to deal with this kind of problem on anything other than a purely individual basis. Does the minister share that view? As the minister responsible, what does he intend to do about it?

Hon. Mr. Elston: I have indicated clearly that when circumstances arise that provide us with an ability to make a decision, when the real circumstances are available for us to make the determination, we will make those determinations. What is happening now right across the province, as the member knows, is that a large number of our physicians are providing service. I have been in touch with hospitals, with the college and with the Ontario Hospital Association personally. I have been directly in contact to ensure that things are moving on.

I can tell the honourable gentleman that I have no way of responding to a press conference, or whatever, that I was not at. I do not know the contents, but if he is suggesting that the college is asking for more legislation—I do not think he is saying that, but he is suggesting that there should be more legislation—perhaps he should make himself clear.

All I can say is that, so far in this province, services are being provided to the patients. I am concerned with patient care, the college is concerned with it and the administrations and the boards of directors of all the hospitals also wish to provide quality care to the patients of this province.

USE OF TIME IN QUESTION PERIOD

Mr. McLean: On a point of privilege, Mr. Speaker: Some time ago you allowed the Minister of Education (Mr. Conway) to reply to a previously answered question just after the leader of the third party had put two questions. I think the record will show today that the third party has asked more questions than the government side. I would think that when ministers have a response to make, it should be when their turn comes in rotation.

Mr. Speaker: I will discuss this matter with the member privately. I have all the records for the last year and I would be glad to show him those.

PETITIONS NATUROPATHY

Mr. Poirier: I have a petition that reads as follows:

"To the Lieutenant Governor and the Legislative Assembly of the province of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"Whereas it is our constitutional right to have available and to choose the health care system of our preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

This is signed by 45 people from my riding.

PUBLIC SCHOOL

Mr. Rowe: I have a petition that reads as follows:

"To His Honour the Lieutenant Governor:

"We, the undersigned public school supporters of the town of Bradford in the county of Simcoe, do hereby petition the Ministry of Education to reconsider its decision to deny funding for the building of a new public elementary school in Bradford. This school has

been approved by the Simcoe County Board of Education as its first priority for a number of years."

3:40 p.m.

REPORT BY COMMITTEE

STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Mr. Breaugh from the standing committee on the Legislative Assembly presented a report on simultaneous interpretation and moved its adoption.

Mr. Breaugh: In this report, the standing committee on the Legislative Assembly has recommended that simultaneous interpretation be provided of all proceedings in the legislative chamber and of all committee proceedings in the Amethyst Room. If it is adopted, not only will members be able to express themselves in English or French, they will also have the assurance that other members will understand their remarks. The provision of these facilities is an important step in the history and development of the Legislature and will benefit all members and those persons observing the proceedings.

Now comes the interesting part.

Dans ce rapport, le Comité permanent de l'Assemblée législative a recommandé qu'un service d'interprétation simultanée soit assuré pour toutes les délibérations ayant lieu dans la Chambre et pour toutes les délibérations de comités ayant lieu dans la salle Amethyst.

Hon. Mr. Nixon: Formidable.

Mr. Breaugh: No heckling in English or French while this is under way.

Si cette recommandation était adoptée, non seulement les députés auraient-ils la possibilité de s'exprimer en anglais ou en français, mais ils seraient certains que leurs remarques seraient comprises des autres députés. La prestation de ce service constituera une étape importante dans l'histoire et l'évolution de l'Assemblée législative et elle profitera à tous les députés et à toutes les personnes qui assisteront aux délibérations.

On motion by Mr. Breaugh, the debate was adjourned.

MOTIONS

ESTIMATES

Hon. Mr. Nixon moved that all of the estimates referred to the standing committee on general government by order of the House on Monday, June 9, 1986, be transferred to the standing committee on social development for

consideration in the order shown in Orders and Notices.

Motion agreed to.

SELECT COMMITTEE ON ENERGY

Hon. Mr. Nixon moved that the select committee on energy be continued for the purpose of completing its report on Ontario Hydro affairs, with the following change in its membership: Mr. Polsinelli for Mr. Sargent.

Motion agreed to.

COMMITTEE SITTINGS

Hon. Mr. Nixon moved that the select committee on energy be authorized to meet on the morning of Monday, June 16, 1986, and, if required, on the afternoon of Wednesday, June 18, 1986.

Motion agreed to.

INTRODUCTION OF BILL

ALLIANCE FRANÇAISE OF TORONTO ACT

Mr. Callahan moved first reading of Bill Pr16, An Act to revive l'Alliance française de Toronto.

Motion agreed to.

ORDERS OF THE DAY

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

On section 4:

Mr. Chairman: We carried all of section 3 and the new sections Tuesday. The parliamentary assistant is here for the Minister of Health (Mr. Elston). He has an amendment to subsection 4(1).

Mr. Ward moves that subsection 4(1) of the bill be amended by striking out "\$10,000" in the third line and inserting in lieu thereof "\$250 for a first offence and \$1,000 for any subsequent offence."

Mr. Ward: Very briefly, the amendments in section 4 are consistent with amendments that have previously been made in that the amounts deemed to be unauthorized payments can now, in the vast majority of circumstances, be recovered through the Ontario health insurance plan by withholding payment. The new fines that are proposed are realistic and in line with the previous amendments that have been made to this legislation.

Mr. Andrewes: The government has obviously had sober second thoughts with regard to its draconian system of extracting penalties from practitioners. We congratulate the government on that. We will be proposing a substantive amendment to section 4, a substitution to the section as it now stands. Therefore, we will not be supporting this amendment.

Mr. Chairman: Is there any other honourable member who wishes to address the amendment of the parliamentary assistant?

Miss Stephenson: I have a comment.

Mr. Chairman: I asked whether there was any other honourable member who wished to speak on this amendment to subsection 4(1) of the bill.

Miss Stephenson: Yes.

Mr. Chairman: Then stand up. The member for York Mills.

Miss Stephenson: The inclusion of this section, even amended, is one of the primary irritants of this bill as far as the honourable members of the medical profession are concerned. The suggestion that the reduction of the fine from \$10,000, which was punitive and unwarranted, to any amount as a correction for this action is specious.

The idea that there should be any fine for ethical behaviour which does not necessarily comply with the honourable minister's idea about what physicians should do flies directly in the face of the traditional understanding of the role of the self-governing professions in our society. I simply warn the parliamentary assistant that if he or the minister believes this minor move will in any way reduce the irritation or resolve any of the difficulties, he is entirely wrong. That will not happen.

3:50 p.m.

This is an affront to a profession which has behaved responsibly and admirably throughout many thousands of years of human history. It has done so in Ontario in support of the health insurance program. It has made suggestions about ways in which the current problems might be eliminated, but all those suggestions have been rejected by the deaf ear of the government.

To suggest that simply reducing the fine that was included in the first draft of this legislation will solve the problem is ludicrous. I suggest strongly to the parliamentary assistant that he do his very best to persuade the minister to withdraw this section of the act completely, if he cannot persuade him to withdraw the entire act.

Mr. Ward: For the balance of section 4, I wonder whether I should amend the original motion or put it again. The balance of the amendment is that subsections 4(2), 4(4), 4(5), 4(6) and 4(7) of the bill be struck out. With your permission, Mr. Chairman, may I include that in the amendment?

Mr. Chairman: Mr. Ward withdraws the original amendment and moves that subsection 4(1) of the bill be amended by striking out "\$10,000" in the third line and inserting in lieu thereof "\$250 for a first offence and \$1,000 for any subsequent offence."

Mr. Ward further moves that subsections 4(2), 4(4), 4(5), 4(6) and 4(7) of the bill be struck out.

So that we all understand this, and for a moment I did not, the parliamentary assistant has withdrawn his original motion that was put at the beginning on subsection 4(1) and incorporated in it an additional motion that he was going to put. Is that clear?

Mr. D. S. Cooke: We will be supporting the amendment in line with the new enforcement mechanism that has been introduced by the minister. I think the fines as suggested are adequate and the new enforcement mechanism will allow the responsibility to be taken away from the patient and put on to the government. The two go hand in hand and therefore we concur.

Mr. Chairman: Is it the pleasure of the committee that the motion carry?

All those in favour will please say "aye."

All those opposed will please say "nay."

In my opinion the ayes have it.

Motion agreed to.

Mr. Chairman: Mr. Henderson moves that section 4, as amended, of the said bill be struck out and the following substituted in lieu thereof:

"(4) Every practitioner who contravenes section 2 is guilty of an offence.

"(2) Every practitioner convicted of an offence made under subsection 1 is liable for a period of not less than three months and not more than six months to limit all charges for services rendered to insured persons to the amounts payable under the plan for those services and, for that period, shall accept no fees for insured services except from the plan.

"(3) No practitioner may enforce collection of any fee charged or billed in contravention of section 2.

"(4) No fee charged or billed in contravention of section 2 is payable.

"(5) Every practitioner to whom subsection 1 applies may, at that practitioner's option and on giving notice to the Minister of Health, choose to carry on practice without billing the plan, in which event that practitioner may charge or bill patients directly.

"(6) Where subsection 5 applies, no patient of a practitioner to whom subsection 5 applies is entitled to receive any payment or benefit from the plan for services rendered to the patient by that practitioner.

"(7) Subsection 2 does not apply where the patient in respect of whom a contravention occurs is not,

"(a) over the age of 65 years;

"(b) receiving general welfare assistance or family benefit allowance;

"(c) receiving benefits under the Workers' Compensation Act and has no other source of earned income;

"(d) a member of a group prescribed by regulation or who meets conditions prescribed by regulation; or

"(e) a recipient of service rendered in a hospital emergency department or for such other services as are prescribed by regulation;

"and the practitioner,

"(f) is billing for services rendered while practising in an area, hospital or clinic designated by regulations where more than 50 per cent of the practitioners in the same field of practice or specialty do not bill or accept payment for more than the amount payable under the plan for rendering an insured service to an insured person;

"(g) in each of the previous three consecutive months billed more than 50 per cent of his or her monthly billings on the basis of the amounts payable under the plan for rendering insured services to insured persons; or

"(h) has been granted dispensation from the application of section 2 by the Minister of Health.

"(8) Nothing in this act precludes the College of Physicians and Surgeons of Ontario from investigating complaints initiated by patients and making such recommendations as it considers appropriate.

"(9) The Lieutenant Governor in Council may make regulations,

"(a) prescribing groups for the purpose of clause (7)(d);

"(b) prescribing conditions for the purpose of clause (7)(d);

"(c) prescribing services for the purpose of clause (7)(e);

"(d) designating areas, hospitals and clinics for the purpose of clause (7)(f); and

"(e) prescribing methods of determining whether any charge or billing is in respect of services rendered in a particular area, hospital or clinic.

"(10) The minister may designate, on the recommendation of the appropriate regional health council, practitioners for the purpose of clause (7)(h)."

Would you carry on, Mr. Henderson?

4 p.m.

Mr. Henderson: By way of speaking to this amendment to section 4, I shall begin recalling that my use of the word "draconian" in reference to this bill last January kindled no small stir within my own party ranks. Since that time, I have heard this word "draconian" flow from the lips of none other than the Premier (Mr. Peterson) and many of my colleagues.

I therefore believe as I rise to speak in support of this amendment that I can claim a little credit for resurrecting within this assembly the memory of the legendary Draco, purveyor of harsh morality and severe and punitive sanctions about 600 BC. Yet many of the legislative measures of the notorious Draco pale beside the initial unamended measures of section 4 of Bill 94. With no intended offence to Draco's memory and descendants, my amendment to section 4 takes many giant steps in the direction of reasoned problem-solving and democratic liberalism.

My amendment brings reason and rationality to the matter of penalties under section 4 of this bill. It provides that a physician guilty of an alleged offence will have to opt in and provide his service at the OHIP rate for three to six months. That is an appropriate penalty related to the nature of the alleged offence. It makes sense to say that if the privilege of contracting with the patient outside the provincial plan is abused, the practitioner loses the option to exercise that privilege. There are many precedents for that kind of measure in society. The privilege is there to be enjoyed, but if it is abused, it is lost.

This amendment does not propose a gentler or less significant or less costly penalty. To be required to opt in to the provincial plan would be for many opted-out practitioners a greater financial penalty than the fines that are proposed in the amended version of section 4 of this bill or even those proposed in the initial unamended draft of this section. This is not a gentler penalty, but it is a more appropriate penalty. I recommend it to the consideration of the members of this House.

This amendment also provides for exceptions to the penalty I have put forward, but it maintains the absolute ban on extra billing, which is felt by my colleagues in caucus and the Premier and the Minister of Health (Mr. Elston) to be in some way essential to the assurance of accessibility.

The amendment provides that where the physician has billed the patient more than the plan rate and the patient is not a senior citizen or a recipient of welfare or family allowance, is not dependent on workers' compensation benefits and does not require emergency treatment, we will refrain from imposing a penalty on that physician, pending further study, provided the patient has a real choice in the kind of practitioner he chooses to see.

For that withholding of penalty to apply, my now familiar stipulation will pertain, that half the practitioners in the doctor's field of practice in the area, hospital or clinic where the service was rendered must be opted in or else half the doctor's billings in the previous three months must have been submitted at the OHIP rate.

In my opinion, those are reasonable provisions and reasonable exceptions to the penalties provided for under this section. As well, there are provisions in this amendment for the minister to individualize his consideration of special circumstances and special situations.

This flexible approach to penalties and sanctions would preserve the intent of my colleagues to ensure accessibility and avoid a two-tiered health care system. It would impose a total ban on extra billing and thereby literally fulfil our campaign promises during the election one year ago. It would similarly fulfil our commitments under the Liberal-New Democratic Party accord to legislate a ban on extra billing.

The broader issue of what sanctions should apply when sanctions are deferred by this amendment, which was not covered or mentioned in any campaign promise I know of, should be referred for further study and negotiation to a body that includes representatives from both government and the Ontario Medical Association.

The idea of deferring penalty is in no sense a new or surprising concept. It finds ample precedent in the frequent practice of the judiciary of reserving judgement and suspending sentence. Do our doctors not deserve as much consideration under the law as convicted criminals? I drafted that sentence as a rhetorical question, but on reflection, I feel I should pose it seriously.

To say that this amendment commends itself to our consideration as a last-ditch effort to stave off

the potentially disastrous consequences of a province-wide withdrawal of physicians' services, with all the rancour, suffering and potential risk to health and life that entails, surely understates its value. Physicians would not like this amendment and would not accept this bill as amended by this proposed amendment to section 4; but it is entirely possible that they would see in this amendment enough of a gesture for their need for professional freedom and for an arm's-length relationship with government, enough of a gesture towards their honour and their dignity, to be willing to restrain and refrain from large-scale service withdrawals.

I am, therefore, proposing this amendment to section 4 in yet another attempt to foster a reasoned rethinking of the effects of this bill while preserving its goals and intent and its specific provisions. I assume I no longer need to make the point that the government's aim of assuring full accessibility to health care is one I fully embrace. The vow of the Premier and the Minister of Health to avoid a two-tiered system of health care is one I similarly embrace. Most Ontarians embrace those objectives and those principles.

The idea of this amendment is to ensure that the unparalleled accessibility to health care enjoyed by the citizens of Ontario is not diluted in years to come. In my view, neither the proclamation nor the constitutionality nor the enforceability of this bill without substantial new amendment is to be taken for granted at this time.

In this amendment, I address the difficult issue of penalties for violation of what many feel to be an unnecessarily iron-clad insistence that the needs of those groups in society that are disadvantaged in so far as obtaining health care services is concerned should dictate to everyone else the pattern of services delivery province-wide. Without further amendment, the penalties and the stipulations embodied in this section of the legislation are, in my view, unwarranted, inappropriate, excessive and clinically counter-productive.

I offer this amendment because it is a useful principle of creative endeavour in all fields that creative productivity is discouraged by fettering, controls and punitive sanctions. One does not tie lead weights to the feet of an acrobat; nor does one demand that a magician wear a straitjacket, nor an astronomer wear sunglasses in his work nor a surgeon wear padded gloves. One does not conscript physicians to the state under threat of punitive sanction and expect excellence in service to continue.

This amendment flows from a principle of optimal freedom, ubiquitous in human nature. It applies to the nurturance and development of children. We see it in the training of professionals in universities and other programs of study and apprenticeship. Certainly, it holds in the professional development and working conditions of legislators, who are guaranteed certain privileges and freedoms by virtue of their necessity to represent the views of their constituents without undue inhibition and restraint.

I do not believe most legislators in this assembly realize what a dreadfully limiting and constricting piece of legislation is comprised in section 4 of Bill 94. I offer this amendment to that section in a last-ditch effort to avert what I believe will be catastrophe.

Physicians and other practitioners face incredible demands. This amendment recognizes in its prescription of penalties that doctors must stay abreast of burgeoning technology, which is advancing at an incredible rate on countless frontiers of countless fields of medical-scientific exploration. Physicians must stay abreast of basic clinical science and technique by which they apply their art and science on a daily basis.

4:10 p.m.

Doctors must cope with the incredible work load imposed by the demands of suffering patients and must work day and night to fulfil their professional contractual obligations. They must maintain a collegial relationship with colleagues, for each physician is part of a system of care delivery, the effectiveness of which depends on harmonious relationships among specialists, generalists and various allied health practitioners.

Doctors must maintain involvement in a variety of hospital and other community activities and on a daily basis be ready to interpret each and every aspect of their art and science to an increasingly sceptical and questioning public. They must already worry about the penalties attached to professional misconduct and the threat of lawsuit in the event of falling short of any of a large catalogue of listed transgressions or alleged transgressions. Doctors already face the severest penalty of all in knowing that the cost of a momentary lapse of concentration or alertness can be a patient's death.

I offer this amendment to penalties, knowing that faced with these crushing responsibilities physicians require a great deal of what some legislators are, I hope, coming to recognize as professional freedom. My amendment speaks to this question of professional freedom because it

offers a system of penalties that is more sensible, more relevant to the alleged offence and more compatible with the physicians' sense of professional honour and professional dignity.

This amendment provides for reasonable exceptions to punitive sanctions in recognition that more investigation, more understanding and more negotiation is required to arrive at a sensible sanction against what some perceive, erroneously, as a freedom-threatening accessibility to care. The punitive nature of the penalties envisaged in section 4 of Bill 94 heightens the ambience of civil conscription implicit in this bill. To conscript an entire profession in peacetime in a democratic state is a serious and disturbing matter.

I would love to dwell on that a little and offer some examples and comparisons from other regimes, other jurisdictions and other eras, but I will restrain myself from doing that because I would seem to be indulging in the proliferation of further rhetoric in a matter where the rhetoric has already flowed with some gusto.

The kinds of penalties proposed in section 4 alarm me. I believe my amendment puts forward a more sensible, a more rational, a more moderate, a more liberal democratic and a more wise approach. Liberalism claims to be the party of individuals, the party that defends individual freedom. Individual patients and individual doctors in Ontario claim the right to deal with each other at arm's length from the state and from politicians. Do we defend that freedom or do we not? I for one will.

Rarely in the history of democracy has any profession been so severely threatened as by the provisions of the unamended or even the amended section 4. No profession ever was so severely threatened and so severely curtailed in its freedom to negotiate a simple contractual agreement with a patient or a client.

Insurers, even government insurers, do not dictate the value of goods and services. Imagine a state insurance plan that set a particular insured value on one's home at the expense of the taxpayers of the province, that insisted the owner could never sell the home on the open market for more than the value of the government-sponsored insurance, all that backed by the threat of stiff fines and escalating sanctions. Which of us will stand for sanctions such as that in a democratic state?

Should section 4 of this bill become law without the amendment I propose, I can think of no other profession in western democracy that will have its fees so rigidly set by government, no

other profession that will be so rigidly forbidden by the state from negotiating a simple, contractual arrangement with a client, no other insurance that will try arbitrarily to assign the value of goods or services and no other professional who could be so severely punished for charging just a few dollars more than the insured rate for a service.

Even prostitutes are not sanctioned as severely as proposed in section 4 in their contractual arrangements.

Mr. Shymko: The member must be kidding.

Mr. Henderson: No, I am not kidding. I regret to evoke such unseemly contractual comparisons, but it cannot escape my observation that the contractual arrangements of prostitution are not so encroached upon by the state as will be the contractual arrangement between the physician and a patient under the terms of section 4 of this bill.

We do not permit soliciting for the purposes of prostitution; fair enough. Let us amend Bill 94 to prohibit and punish soliciting, or as we would call it advertising for the purpose of establishing therapeutic contracts outside of the dictates of the government insurance plan. Let us do that with section 4, if it is not already done within the existing legislation or regulations.

Will the state not treat the contract with a physician with as much consideration and respect as the contract with a prostitute? Surely the contract of the second oldest profession in the world deserves as much consideration and respect from the state as the contract with the oldest.

What kind of democracy is this that proposes that doctors be fined and otherwise punished for negotiating a simple contractual arrangement with somebody who comes to seek their assistance on a matter of personal pain and suffering? Another legislator once observed that the state has no business in the bedrooms of the nation. The state, I propose, must also conscientiously limit its place in the clinical consulting rooms of patients and their physicians. We are conscientious enough about that in the matter of the relationship between a prostitute and a client. Surely contracting with a doctor deserves at least as much respect, and surely section 4 should carry an amendment to achieve that goal.

I find myself wondering where the penalties I oppose are coming from. I worry about the role and possible bias of nonclinicians to the exclusion or near exclusion of clinicians in the preparation of this bill. I worry that the latter-day estrangement between clinicians and health

administrators is reflected in the ambience of these sanctions.

Physicians who watch these amendments as they course through this Legislature believe they see the wisdom of experienced lawyers in the regulation of the practice of law. They see the wisdom of educators in the governing of education and the wisdom of business people in the regulation of commerce, but they do not believe they see the wisdom of experienced clinicians in the drafting of laws and amendments to laws that shape and regulate the practice of medicine, and they think it is high time that changed.

They see in section 4 of this legislation yet another measure that stifles their freedom to offer the quality of service of which they are capable. They are very angry and very determined. My amendment will not change that overnight, but it would be a very important first step.

I offer this amendment because physicians in Ontario feel discriminated against and scapegoated. They feel men and women who learn about the practice of clinical care have come too much to control and stifle the practitioners of clinical care. They feel that to learn about how others practise is not the same as to learn what it is like to practise. They feel that those who learn about clinical practice, in general, develop too little awareness of the stresses, challenges, difficulties, impediments and other trials that must be faced and overcome by practitioners who deal day by day in the practice of their art and science with suffering patients.

Physicians, therefore, feel the sanctions imposed by section 4 of this bill are unwarranted. They feel, as do I, that section 4 emerges from a point of view that is too far removed from an understanding of what it is like to have to do the job.

The amendment I proposed to section 4 helps move Bill 94 just a little closer to its purpose, to solve the problems of extra billing without intruding unreasonably and in a counter-productive way on the freedom and flexibility that is necessary to the practitioners of good care. At least I hope that is its purpose.

4:20 p.m.

I have known lots of models for how doctors should be paid and I have personally been opted out, opted in and salaried at different times of my career and training, but under the penalties of section 4, this is not a bill about how doctors should be paid. These penalties make section 4 an instrument of removing choice and options. They enforce an arrangement whereby, at a time

when government is straining to meet the escalating costs of health care, we jettison under drastic penalty a useful mechanism whereby so-called extra billing may bring funding into the health care system from, if the mechanism is properly regulated and fine-tuned, those most readily able to afford a little more for care.

That is precisely the principle government invokes with its well-accepted system of progressive income tax. The same principle is invoked by this amendment to the penalties of section 4. Can such a principle not apply to billing for clinical care if, and this I stress, the penalties are adjusted and fine-tuned to remove the potential for unfairness and abuse and to guarantee that patients have a choice? Ontarians have unparalleled access to health care. Let us not throw away the baby with the bathwater just because the bathwater needs a little work.

I offer this amendment because I do not believe government has the right to impose severe penalties on that minority of doctors who want to work at arm's length from the state, nor to instruct them under threat of such severe penalization that professional freedom in contractual matters is against the law. I do not believe government has the right it claims by section 4 to forbid that minority of patients, if it is a minority, who want to seek a doctor who works at arm's length from the state. I do not believe the people of Ontario will wish to sanction such a punishment. I do not believe they want the state to gain that kind of control over the lives of citizens in Ontario.

I am proposing this amendment because I hear it said that people want an end to extra billing and that the people are always right. But Ontario is not a dictatorship of the proletariat. A growing minority of the people, if it still is a minority, do not demand an end to extra billing. They do not support penalties such as those now framed by section 4, which insists they may not seek a physician who offers a particular time intensity, kind of experience, extent of training or clinical style. They feel those punishments are an intrusion on their liberty as citizens.

I believe the people of Ontario care about the rights of minorities, visible or otherwise. I am a populist, but I am a populist who knows people are best served by professionalism in professional matters. I put forward this amendment to section 4 in the service of a populism that recognizes the benefit to people of professionalism. In our discussion of the kinds of sanctions appropriate under section 4, we should remem-

ber that freedoms not always exercised can, none the less, be deeply cherished.

I propose this amendment to section 4 because I believe the penalties of section 4, like the measures of section 2, are simplistic and ill advised. To be sure, mankind yearns for simplistic solutions to complex problems. When simplistic solutions and penalties curtail our freedom, we sometimes rationalize it is the necessary price of some supposedly overriding goal; but simplistic solutions fail in the long term, sometimes tragically, sometimes horrendously.

My amendment proposes an approach to sanctions that blends firmness and commitment to a worthwhile principle with flexibility and understanding in its approach to the problem of policing our principle of ensured accessibility.

I propose to be the kind of politician who, in important matters of principle and conscience, stands for his beliefs. My constituents and my children in years to come will have reason to know I was a politician who took great pains to be right and then stood firm in my beliefs. I refuse to support punitive measures for colleagues who render one of the most important services in society and who are in the fight of their lives to defend their freedom on behalf of themselves and their patients.

This is a historic moment in the history of medical care. It may well be that how Ontario goes in this matter of professional freedom, so will go the rest of Canada. A 5,000-year tradition of professionalism and professional freedom will be decided right here, right now, in Ontario in 1986.

For the benefit of the member for Windsor-Riverside (Mr. D. S. Cooke) and any other members who share his intolerance of creative divergence within a party caucus, I wish to approach my conclusion in support of this amendment to section 4 by quoting from the report of the federal Special Committee on the Reform of the House of Commons, usually known as the McGrath report.

I quote page 8 of the McGrath report: "Private members on the government side have certain rights and duties In the normal exercise of their legislative functions, government members should be able, without fear of retribution, to amend or defeat clauses in bills; make amendments to bills implementing ways and means motions; reduce estimates as a mark of disapproval of either the administration or of a particular program; concur in committee reports critical of government activities and administra-

tion; and reject proposed legislation outright or pose amendments."

I have stayed well within these guidelines in my opposition to Bill 94. I quote the McGrath report again: "Precedent shows that responsible government does not break down and government does not become unworkable when the executive bows to the wishes of the House on a wide variety of matters in a wide variety of circumstances."

I quote that in support of my amendment to section 4 of this bill because I believe this amendment would solve a vexing, pressing, urgent and dangerous problem. I say that particularly in response to the member for Windsor-Riverside, who proposed that I should resign from the party of which I am a member and sit as an independent member of this Legislature.

Liberalism is a party of reform. There are times when we need to think about reform to the reform. Liberalism is also for me a party that stands for the freedom of individuals. I believe the member for Windsor-Riverside fails to understand the duties and responsibilities of a private member on the government side, if not the duties and responsibilities of a member on any side. That is not entirely surprising when one thinks about it because his party is light-years from the experience of government.

Notwithstanding my recent suggestions to the member for Port Arthur (Mr. Foulds), who is not in the House, I will happily, and any day at all, defend the approach I have taken to Bill 94 as being within the boundaries of the Liberal democratic tradition of reform and within the honourable jurisdiction of any progressive and informed member of any legislative assembly in a democratic state.

Physicians are engaged in the fight of their lives for professionalism and professional freedom. A substantial minority of citizens in Ontario demand the right and the freedom to deal with their doctors at arm's length from the state. A small minority of doctors want the freedom to stay at arm's length from the state. Liberalism claims to be the party of individuals and the party of individual freedoms. Do we defend those freedoms or do we not? I for one will.

I urge my colleagues in government and my colleagues in medicine to return to and stand firm in the principles of liberalism and professional freedom.

4:30 p.m.

Hon. Mr. Elston: I have a brief comment. The nature of the amendment suggested by the member for Humber (Mr. Henderson) is such

that the government cannot support it. We have already moved an amendment to section 4 as it had been previously placed to reduce the fines. That being the case, I reject the amendment of the member, which would strike out the entire section 4, which we had partially already dealt with.

Mr. Henderson: If that is the minister's reason for striking this amendment, I would be happy to reframe it in such a way as to preserve the penalty proposed in his amendment, that is the \$250 fine, and incorporate that in this amendment with the exclusions and provisions for deferral and further study of penalties in that category of situations I described that I believe warrant further study.

Hon. Mr. Elston: If I may finish out on that, that is the immediate reason. The other reason is that this amendment would enshrine something this bill is designed to deal with, extra billing. I do not think the member could seriously expect us to consider the enshrinement of extra billing in this legislation when the intent is to end extra billing.

Mr. Henderson: I do not necessarily want to prolong this phase of our discussion. I was not necessarily expecting the minister to support this amendment. This amendment does not enshrine anything. It preserves a total ban on extra billing. It provides a penalty that is different from the one the minister provided but I would happily try to rework that section of my amendment.

It simply defers the question of penalty to further study and negotiation with the Ontario Medical Association providing that the patient has had a choice of what kind of practitioner he or she chooses to seek, and providing that the patient does not fall into any of those categories that most people agree ought not be subjected to extra billing. It does not enshrine anything.

It preserves the absolute legislated ban on extra billing in exactly the way that even those who construe it most literally say we promised during the campaign and in the Liberal-New Democratic Party accord. It simply suggests that under certain situations where the patient has had a choice and where the patient has chosen to be extra billed and to see that kind of doctor, and where there are not any situations that would militate against that being the case, under those circumstances the question of penalty, sanction and fine be subjected to further study and negotiation.

As I have said, such a mechanism does not compromise the principle and does not even compromise the letter of the law of this

legislation. I believe province-wide withdrawal of services could be averted. It is in this spirit that I put forward this amendment.

Miss Stephenson: May I ask the minister for his rationale, since I did not hear the reason for his summary dismissal of the amendment proposed by the member for Humber? The argument that has just been put by the member for Humber that indeed the position of the government—tunnel-visioned, single-minded and wrong-headed though it is—is preserved even in this amendment.

There is a means of dealing with those who may be considered to be involved in an infraction of this law, which is reasonable in terms of attempting to provide a mechanism for discussion of appropriate kinds of sanctions in those circumstances.

As I said, I did not hear a reason from the minister. I did not even hear a rationale. I simply heard what I call a somewhat bloody-minded pursuit of the direction the minister has taken from the beginning of this legislation, giving no indication that he has thought about the legislation at all.

Hon. Mr. Elston: We have spent a little bit of time thinking about this legislation. We made amendments on the basis of the bill which was initially introduced. We have a mechanism designed to work in an administrative fashion where there would not have to be a finding of guilt, as there is in this one. We have a section 4 we can use if that is deemed appropriate. We think the legislation, with the amendments which have already been put in place, is appropriate to deal with the situation of violation of the statute.

In reviewing this, we do not feel it will provide us with any other necessarily better mechanism for ensuring compliance with the act. It is really trying something like the Quebec model, which we discussed on various occasions, whereby patients opt themselves out.

Miss Stephenson: No, it is not. It has nothing to do with the Quebec model.

Hon. Mr. Elston: The honourable member obviously does not want to listen anyway, speaking about tunnel vision and all that sort of stuff she just made herself so eloquently provide for Hansard for later years. I can tell the member we think the mechanisms we have already amended into the legislation will be effective and appropriate on the point of ensuring that people are not extra billed in the province.

Miss Stephenson: I will defer to my colleague the member for Humber first. Then I will reserve the right to speak.

Mr. Henderson: I do not wish to prolong unnecessarily this phase of our discussion, but in the minister's response just now I think I heard two reasons for rejecting this amendment. I understood one but I am not so clear about the other.

The one I understood was that he does not want to enshrine or include the Quebec model. I would be prepared to consider amending this amendment in such a way as to satisfy the minister on that. I was not sure I understood the other part of his reason. If the inclusion of something that has come to be known as the Quebec model is the problem, that could be got around somehow if my colleague would otherwise consider this amendment.

The real reason for considering an amendment such as this right now is the possibility that it would ward off—I guess it is too late to ward it off, but it would pre-empt a province-wide withdrawal of services. That surely is a sufficiently laudable objective to merit very careful consideration of whether there is not something here that could work and could succeed, at least to provide a breathing period for some further consideration and further discussion in a way that only encourages a sober second thought of the penalties we provide under this bill. As I said before, the totality of the legislation against extra billing is preserved under this amendment.

Miss Stephenson: I perceive a difference between the section referred to by the minister, subsection 5 in this amendment, and that which is permitted under Quebec legislation. As far as I can see, subsection 5 suggests that if the physician is charged with and is considered to be guilty of an offence under this act, he then has the option of moving in the Quebec direction. That is not what the Quebec legislation says. The Quebec legislation provides that option without any designation of guilt.

I must admit I find it extremely difficult to accept the definition by the minister that an individual who is practising in an ethical manner and dealing particularly with his or her patients in an ethical manner as described and defined by the code of ethics of the College of Physicians and Surgeons of Ontario should in any circumstance be deemed guilty of an offence, even though the minister's piece of legislation says this is guilt.

4:40 p.m.

I find this very difficult to accept. I do not know whether the minister understands this. He might understand it if we were able to persuade any government in Canada that any lawyer in Ontario who served a client and charged anything

beyond the legal aid level was guilty of an offence. This is the problem. In this legislation and with the penalties, the government is insisting that physicians are behaving like criminals. Deep in his heart, the minister knows they are not. He also knows he is penalizing them for the purposes of his political prowess and the political accord with the New Democratic Party. I find that reprehensible on the part of a so-called responsible politician.

Even if the rest of the act must go forward, the minister should at least consider seriously the amendments put forward by his colleague the member for Humber, who is providing an avenue that softens the blow just a little. It does not remove the blow by a long shot, and I agree it will not be acceptable to a large number in the profession, but it does soften the blow a little.

The minister's somewhat juvenile action of reducing the penalty from what was an absolutely criminal amount of money, \$10,000, to something in the order of \$250 or \$1,000, is simply not sensible. It does not provide the direction that will solve the difficulty, the impasse we have reached in Ontario. I request that the minister think again soberly and quietly, as his colleague has suggested, about the disruption, distress and disturbance he is causing in Ontario.

Mr. D. S. Cooke: I will be brief. It will come as no surprise to the member for Humber that we will not be supporting his amendment, which is an obvious fallback position to the amendment he introduced last week on section 3. Subsection 7 of this amendment is simply the amendment he moved on section 3 a week ago, except now it is in the double negative. As he said when he sent this amendment around, in the event his amendment to section 3 of the bill did not carry, this was his fallback position.

In view of what is happening in Ontario today, the member for Humber clearly demonstrates that he is still at the train station and the train is long gone. The train has almost arrived at its next stop. Rather than continuing to debate the principle of this bill, those people opposed to it should accept the democratic will of this Legislature and of the people of this province that there is going to be a ban on extra billing. That is the reality. Let us get on with it and deal with other issues in the health care system. To continue to debate the principle of the bill does not serve the member for Humber nor the people of this province well.

[Interruption]

The Deputy Chairman: Order. May I remind the people in the gallery that they must remain silent.

Mr. Henderson: It occurred to me that at some point in the presentation of this amendment or in speaking to it, somebody was going to rise and say it was the same amendment I put forward before. Had that occurred during the text of my remarks, I was prepared to define about a dozen ways in which it differs. I will not prolong this discussion nor take the time of the House to do so. Suffice it to say I am satisfied it is a very different thing to talk about amendments that qualify or put certain conditions on the description of an offence on the one hand, and qualifying or refining or proposing further study of the nature of a penalty on the other hand. Those are two different things.

In my amendment that I sent around, which the member for Windsor-Riverside received, I did not say it was a fallback position. I said I had revised my amendment to section 4 to render it free-standing because I did not want the penalties I was prescribing to simply apply to the revised section 2. I had to revise them in such a way that they would be free-standing and generally in accord with my intent, which is to try to avert a catastrophic withdrawal of services throughout the province. It is not a fallback position. It is yet another attempt to ward off crisis in a way that I think responsible legislators in this assembly would wish to do.

I should pick up the metaphor of the train station and the train long gone. I do not want to labour that one too much, but it is a favourite technique of a particular approach to politics and social issues to take one's own ideals as though they were a reality and say that is the existing situation and that anybody else's ideas are in some way retrogressive, counter-progressive or something.

I submit the train is not long gone. The train is in the station, smoking and hissing with steam pouring out of it. It is in urgent need of major mechanical attention and is in serious danger of blowing up. To say that the train is long gone is at least a rather considerable overstatement and even quite wrong, metaphorically speaking.

This amendment does not question the principle of this bill. I assume the principle of this bill, because it is called the Health Care Accessibility Act, is to ensure accessibility to health care on the part of the people of Ontario with, if we like, a secondary principle of avoiding the creation of a two-tiered health care system.

The principle of this bill was preserved in my first amendment. It has been preserved in everything I have said about this bill. It was preserved in my speech in January and even in

my remarks on May 7 before the physicians' meeting in front of this building. The principles of this bill have never been in question. I do not even think they are in question on the part of the OMA. The principles of this bill stand. We want universal accessibility to health care in Ontario. We want a fair system. We do not want a two-tiered system, a double system of care.

This amendment not only preserves the principles but also preserves the letter of the law. It preserves the definition of the prohibition against extra billing in precisely the form the minister, the party and the Liberal-NDP accord put it forward. All it does is suggest that under certain circumstances we ought to think a little bit further about the penalties. We ought to discuss them with the OMA and some of our physician colleagues who, after all, among other things, are partners in this business of the provision of health care services. It suggests that in the matter of penalties we ought to think just a little bit more. There is no question raised here about the principle of this bill. It stands intact.

Mr. Andrewes: I rise to indicate that we will be supporting the amendment, particularly since it is an amendment that keeps alive the spirit of discussion and negotiation and, as the member has indicated, it is perhaps a last-ditch effort to avert a catastrophe in the health care system. We will be supporting his amendment.

The member for Windsor-Riverside suggested in his comments on this amendment that Dr. Henderson had missed the train, that it had gone to the next station and he was still waiting for it. He also said it was the democratic will of this Legislature and this province to enact Bill 94 as the government has proposed. I remind him once again, as I have on previous occasions, that it is our job in this Legislature as elected representatives of the people to make sure that all the views of all the people are represented.

4:50 p.m.

If the member for Windsor-Riverside wants to suggest that all the views of all the people in this province are represented by Bill 94 as it now stands, amended and proposed by the government, then he is wrong. I want to urge him to consider that there are other people, other views and other times and places in which this legislation will play out very critically on the lives of people in this province.

The member for Windsor-Riverside should keep in mind that we, as does he, have jobs to do to make sure that all those views are represented. He perhaps is offended by the extent of the debate that has gone on here for eight days. I suggest

again that since this bill is one of major proportions, one that has a major impact on the lives of nine million people in Ontario, the time we spend in debate and in amending the bill is time in which the process of democracy and fairness will be well served. We may not agree on the final outcome of the debate, but the time spent here in earnestly approaching the intent of this legislation and having a reasonable discussion is time well spent.

Mr. Warner: It is a stall.

The Deputy Chairman: Order.

Mr. Andrewes: The member suggests this is a stall. I want to make some comments with respect to the amendment and I want to make one or two comments with respect to the comments made today by the member for Humber.

The member proposed in his amendment a deferring penalty, as he described it. To some degree, it is a creative idea. He sustained his argument by example. We would agree that health care professionals deserve every consideration of the laws of the legislation and of the fairness of Parliament. He has proposed his amendment, in his words, in an attempt to avert a catastrophe, as a last-ditch effort to avert a catastrophe in the health care system. That is why we will be supporting the amendment.

In our view, any measure that can be proposed at this juncture that would avert a catastrophe, and that is probably too gentle a word, is a measure worth considering and worth our endorsement. For the last week now, we have suggested to the government that it consider the appointment of a mediator who could sit down as an impartial individual with the government and the OMA to try to resolve these issues.

The Deputy Chairman: Direct your remarks towards the amendment.

Mr. Andrewes: I apologize if my remarks have strayed from the amendment. I have been very careful not to do that. I will try to come back to the question.

The member for Humber accurately suggested that what was missing in Bill 94 was the experience of clinicians in drafting the legislation. All of us here at certain times feel a sense of inadequacy as we make laws and debate rules, bills and regulations. We feel a sense of inadequacy because we do not have the background, experience or training in the law, medicine or other disciplines which would effectively give us all a grounding for better input into these discussions. Therefore, it is appropriate that as we make laws, we elicit the views of

all parties concerned. It is called consultation. It is perhaps something in which all of us participate in varying degrees from time to time. Some criticism has often been expressed about certain groups, whether they are legislators or lawmakers in other forms, of their failure to consult. It is in that kind of framework that democracy is best served.

What the government has decided to do with Bill 94 is to elicit the views of the public. That is done in various ways. It is done by way of polls; it is done by way of trying to win consensus; it is done by way of judgement. Indeed, the government has decided to elicit the views of the public and has, in its view, expressed the public's view on the issue of physicians' remuneration in Bill 94. I believe even the government would have to admit that the public's view, as solicited in January 1986, let us say, has changed significantly on this issue. The public's view as solicited against a background of other health care issues is quite different than it might be on the specific issue of physicians' remuneration.

In proposing Bill 94, the government has moved to propose what I would appropriately describe here as populist legislation. It has moved to do that without the views and support of a group of people who are probably most directly impacted by this legislation. It has decided to deny them that kind of consultation, to which they are due.

Therefore, the issue is escalating. It is our view, and the view of the member for Humber, which we share, that it is now the responsibility of the government to act to end the rancour that has been fostered by the introduction of Bill 94 and the continued discussions between the government and the OMA that have not fostered resolutions to this issue. It is time for the government to act responsibly to end this rancour, and if this amendment goes one step towards doing that, we have accomplished something here today.

Once again, I indicate our support for the member's amendment and urge all members to consider their own position of support.

5 p.m.

Mr. Shymko: I thought I would have an identity crisis for a minute.

I join with the member for Lincoln in support of the amendment of the member for Humber. I want to congratulate, as all of us do, a member of this Legislative Assembly who has the courage to stand up for certain fundamental principles that he cherishes, notwithstanding our understanding

of the pressures that our party system puts upon each one of us to toe the line, so to speak.

Unfortunately, we do not have the congressional system that exists south of the border, but I am sure the comments that were made by the member for River-Windsorside about crossing the floor were made in jest. I know they were made in jest.

An hon. member: River-Windsorside?

Mr. Shymko: Pardon me, the member for Windsor-Riverside (Mr. D. S. Cooke). If there is anyone who is firm on principles and stands up for them, it is that member. I know he shares the same views that I have of support for the member for Humber and for the position he has taken.

It takes courage indeed to stand up for one's principles, sometimes in disagreement with one's leader and in disagreement with one's party. My sentiments, I am sure, are shared by members of the governing party and also, I hope, by its leader and by the minister.

The senior member of the governing party, the member for Windsor-Walkerville (Mr. Newman), was here a few minutes ago. I wanted him to confirm my recollection of Hansard. The present Premier (Mr. Peterson), then a front-bencher of the opposition party, stated some years ago some different views on the whole question of extra billing. As a matter of fact, he supported extra billing in this House. The phrase he used in defending extra billing six years ago was that it was a necessary safety valve.

I stand to be corrected by some of the senior members who are currently members of the executive council, such as the Treasurer (Mr. Nixon) and others, whether it is true that the words coined by the present Premier some six years ago were that it was a safety valve one needed to preserve the fundamental freedom and independence of a profession. He held these views quite firmly as a matter of fundamental principle.

Perhaps as influences go on the road to Damascus, something may have happened and he may have been converted to changing that view of some three or four years ago, a recent conversion. I stand to be corrected.

Mr. Chairman: Order. The member is straying a long way from the amendment.

Mr. Shymko: As I refer to the amendment, the limited understanding I have of the intricacies of this bill and of the impact this amendment will have in the future, since we cannot predict it, is that through this amendment what we see provided is a safety valve. It is my understanding that it is a safety valve to try to bail out this

draconian piece of legislation, a last attempt by a man who sincerely shares—

An hon. member: That is total nonsense.

Mr. Chairman: Order. The member for Nickel Belt (Mr. Laughren) is not only in the wrong seat but in the wrong section.

Miss Stephenson: He is certainly in the wrong party.

Mr. Chairman: The member for Brampton (Mr. Callahan), I notice, is also making comments while he is not in his seat.

Mr. Shymko: We will welcome the member for Humber at any time. We may have some reservations about some other members, such as the member for Nickel Belt, crossing to this side of the House, but I am sure the member for Humber would be welcomed.

I refer to another comment made by the member for Humber in his explanation of the reasons for his amendment. I believe he made some reference to the dictatorship of the proletariat in some other jurisdictions, a dictatorship, a form of government that none of us certainly supports or shares. Philosophically, he certainly sees the intrusion and the destruction of our independent professions. In history, if one follows from the French Revolution on, the first victims in any attempt to establish dictatorships are our independent professions. I understand this is what the member for Humber referred to, not that we will see such a system appearing in this country.

I would like to make some reference to what is happening in the Soviet Union. When we go to third reading, I will quote directly from an excellent textbook which was recently published, describing the Soviet health system as it exists today, contrasting or making a comparison. In the Soviet Union, all doctors are civil servants. They are paid by the state and they have what are known as polyclinics. A polyclinic is one which is operated by the very same state-paid doctors. They are allowed to operate during so-called off-hours. This is after five or six. Here in Canada the off-hours for a doctor would be after three o'clock—I do not know—excluding Wednesdays.

These clinics are allowed to charge extra fees even in that dictatorial regime. Imagine that. Here is a piece of legislation in this great country, the land of freedom, the land of free enterprise, the land of opportunity, by comparison to the Soviet Union, which has state-salaried employees, doctors, who are allowed to do what we may describe as extra billing.

Hon. Mr. Bradley: Is the member saying the Soviet Union is better than Canada?

Mr. Shymko: I am not saying that.

Hon. Mr. Bradley: I do not believe it.

Mr. Chairman: Order.

Mr. Shymko: God forbid that system. I will give an example of another jurisdiction, a safety valve that may have been referred to by the member in his comments, and that is the United Kingdom.

Mr. Callahan: On a point of order, Mr. Chairman: The honourable member is taking us on a travelogue. Under the standing orders, I submit he is out of order and I ask the Chairman to rule him out of order.

Mr. Chairman: His analogies are quite a piece away from this amendment of the member for Humber. I ask him to stay closer, please.

Mr. Shymko: I will try. I recall the member for Brampton (Mr. Callahan) came some two and a half hours late for a committee meeting of which he is the chairman because he went on a doctor's visit, which took some two or three hours. I know it took the honourable member some travelling yesterday to get the right diagnosis of his problems, but I am not doing any travelling. I thank you for correcting the remarks of the member for Brampton, Mr. Chairman. I am commenting on the subject.

Mr. Chairman: Disregard the interjections from wherever.

Mr. Shymko: It is hard to disregard these interjections sometimes.

Mr. Chairman: Do so, however.

Mr. Shymko: I go back in my "travelogue" to the United Kingdom, our motherland, if we go back in history. The parliamentary system we know today evolved in the United Kingdom. The United Kingdom was progressive. Before the turn of the 19th century—

Mr. Chairman: No, member.

Mr. Chairman: I will not try to—

Mr. Chairman: Order. It was within the rules when you were speaking of the comparison with the Soviet Union. That was relatively close to the amendment at hand, but the United Kingdom at the turn of the century is not. Please get back on the amendment.

5:10 p.m.

Mr. Shymko: I stand to be corrected. I will move a little faster through history and will not refer to the 19th century but to the present reality

of a system where there is no extra billing, namely, the United Kingdom.

I would like the members of the third party to listen carefully to what I have to say. In the negotiations of their contracts today, all the unions are asking for private health care insurance—can members imagine it?—because amendments such as the one proposed by the honourable member were not listened to and were not introduced when the present system of public health care was adopted, in which all doctors in the United Kingdom have become civil servants. It has totally destroyed that system.

The working class of Britain, the workers who supposedly are represented by the third party here today, refuse and abhor the public health system, which is in a total shambles, and demand private health care insurance as part of their contractual arrangements. Private health insurance is the most rapidly expanding business in the United Kingdom.

This is a warning of what will happen here 20 years from now unless we heed the call of this amendment and the courageous stand taken by the member for Humber.

Miss Stephenson: There is one section of the amendment that was referred to specifically by the minister as one he rejected, and that is what he considers to be the Quebec option. It has a different point of entry from the Quebec legislation, but there is a matter in that section of the member's amendment which is troublesome to me.

Mr. McClellan: There is a falling out among thieves.

Miss Stephenson: No, there is no falling out. Do not be perturbed about this question.

I want to know what the member feels about this and what he feels could be done about it. There is an appropriate and valid point of concern in that, if a patient chooses to attend or seeks services from a physician who has taken the option to function under section 5, as the member has outlined it here, that patient gives up the benefits of the insurance program for which he or she has provided not only taxes, as in the public school system, which is the kind of argument which is usually posed by the government when this is raised, but also the premiums he or she has paid as a member of the public of Ontario.

The premium is voluntary in many instances, because there is no mandatory insurance program in Ontario. The only mandatory thing about the insurance program in this province, from here on, is going to be the way in which physicians can be reimbursed. It is legislated that they must

be reimbursed in one direction only, but it is not mandatory that members of the public be participants. It is not mandatory that a whole lot of other things apply. The only thing that is going to be mandatory applies to the profession, which is providing most of the health care under the system.

I want to know from the member for Humber whether it provides him with some disquiet that the patient would be so denied if he or she makes the choice to attend a physician who functions under section 5 of his amendment.

Mr. Henderson: It does indeed provide me with some disquiet. I agree with everything the member for York Mills has just said.

Mr. Laughren: Thank goodness. I would hate to think there was a falling out this morning.

Mr. Henderson: It is kind of the member to say so.

My reason for including this was to make some attempt to come up with an amendment that might have some hope of being found acceptable by the minister and by my colleagues over here. It is a compromise, if the members likes, on top of a compromise on top of a compromise.

Philosophically, I cannot argue with very much the member for York Mills says. This is really why I do not like the so-called Quebec plan. It has created in Quebec something very analogous to what we face in education, where parents who already pay education taxes in order to send their youngsters to public schools, have to pay all over again if they want to send their youngsters to private schools. In effect, they pay twice.

Under the Quebec plan, as the member for York Mills quite rightly states, the patient pays the first time through taxes or premiums or whatever measure of funding of OHIP would be eventually settled on. The patient pays the first time, or someone pays on his or her behalf, for medical care and then under the so-called Quebec plan pays all over again if he wants to exercise what is to me a very understandable right and freedom to be able to seek a practitioner who functions at arm's length from government. That seems to me to be a most reasonable thing for a patient to want.

To repeat myself, I do not much like the subsections of this amendment, but I would be prepared to let them stand if by so doing I would have the support of the minister in putting the amendment forward.

Miss Stephenson: Could I then ask a question of the minister if he would stop wandering

around the House seeking the support again of the New Democratic Party?

Hon. Mr. Elston: I was talking to the member's colleague.

Miss Stephenson: That is nice. I am glad. Would the minister like to go and sit down? I cannot address a question to him unless he is in his seat.

Mr. McClellan: On a point of order, Mr. Chairman: We are simply trying to figure out how much longer the filibuster would take.

Mr. Chairman: That is not a point of order.

Miss Stephenson: It is quite interesting that the member for Bellwoods (Mr. McClellan) would raise that question because I was informed of something by one of my constituents today by telephone that he had been told by the local NDP association in York Mills—and there is one. It is relatively small but there is one. As a matter of fact, the member for York South (Mr. Rae) would wish it to be a good deal smaller by several members who are leading the attack against him at next week's convention of the NDP in the whole area of support for separate school funding.

Hon. Mr. Nixon: By the way, this is the second anniversary of Bill 30, and those people did not even mention it.

Miss Stephenson: There are much more important anniversaries today than even that. This is my wedding anniversary. I must tell members that 38 years seems a lot shorter than the past two years.

Mr. Mancini: The member's husband deserves a medal.

Hon. Mr. Bradley: It is okay; we will let the member go home and celebrate.

Miss Stephenson: Oh, no, that is not going to work.

My constituent informed me that an executive member of the local NDP had said very clearly in a rather public forum that we were delaying this bill. He suggested the NDP had been bruited about the fact that there had been clause-by-clause debate on this bill in committee. We in this House know there has not been clause-by-clause debate of this bill in committee. The minister brought the bill back to the House so that we might do clause by clause in this forum. I believe it is our responsibility to examine every word in every bill in order to ensure that whatever we pass has been scrutinized appropriately.

The minister has stated very clearly and unequivocally that the Quebec option is absolute-

ly unacceptable to him. I want to know the reason for that lack of acceptability for the Quebec option, because we have never been given that kind of rationale or reason. He still did not explain it when I asked him the question a few minutes ago.

Mr. McClellan: The member for Don Mills (Mr. Timbrell) could have told you.

Hon. Mr. Elston: It is not appropriate that be discussed. We are talking about this amendment.

Interjections.

Mr. Chairman: Order. The member for Bellwoods and the member for York Mills are interrupting the minister, who is trying to be heard.

5:20 p.m.

Hon. Mr. Elston: The Quebec option has been discussed in various forums. I do not think there is any advantage to having people opted out of participation in the insurance program. From my standpoint, I would like to see people taking advantage of the insurance program for which they pay tax dollars, as was indicated earlier, and for which many pay premiums. It is my understanding that is one of the biggest problems with it.

The other indication I can make to the member is that in our chats with the Ontario Medical Association and the executive, they have said they do not like the idea of a Quebec option, perhaps because of the things that have happened in the Quebec scene as opposed to the option itself. I do not really know.

At one point when the Premier of this province was questioned in July 1985 and he mentioned the Quebec option, the OMA cancelled some meetings we had scheduled with respect to other matters, providing us with a sense of protest about the mere fact that this thing was brought out as a possibility.

That is the reason from the medical association's standpoint. My reason happens to be on the side of the patients being opted out by somebody making a decision they would not participate. That is the reason I do not like to go with the Quebec option. The Quebec option is not this bill. The member has pointed out that subsections 5 and 6 of the amendment invoke something akin to the Quebec option into the legislation. From my understanding, that is not appropriate, and we are not going to be supporting the amendment.

Miss Stephenson: I recognize the words expressed by the minister. I am delighted to know there was at least one OMA position he

listened to and supported for perhaps the right reasons. The position of the profession about the Quebec option has always been that its concern about it was consistently and substantially that the patients would lose the benefits of the insurance program to which they were contributing.

The minister still has not solved the problem of the unilateral or one-sided mandatory nature of health care within Ontario, as evinced by this bill and in the kinds of penalties he is supporting in terms of this bill, as opposed to those supported by the member for Humber. He is not willing to say every single person in the province must participate. He is not willing to say this legislation should mandate participation by all patients in the insurance program in Ontario. He is willing to mandate the physicians and in some limited circumstances to mandate the dentists and the optometrists into the health care system in quite an inappropriate way, but he will not mandate the people of Ontario to participate in the health care system.

I am not sure his argument can hold much water if he is willing to consider some flexibility on one side and no flexibility on the other side. He comes down in the middle, saying the patient would lose the benefits and, therefore, he could not accept it. Why will he not mandate participation by all citizens? Why will he not make it law that every single citizen of Ontario must have an OHIP card and must pay the premium or be provided with the subsidized premium situation? Why does he not do that?

Mr. McClellan: Is that the member's policy?

Miss Stephenson: No. I am asking why he is so willing to mandate physicians and other health care professionals into this program but not willing to mandate the people into the program.

Interjections.

Miss Stephenson: All I want is an answer to my question.

Mr. D. S. Cooke: It is a rhetorical question.

Miss Stephenson: It is not a rhetorical question.

Mr. D. S. Cooke: It is a stupid question.

Miss Stephenson: The member may think it is stupid but that is a measure of his intelligence.

Mr. Chairman: The member is not on her feet.

Miss Stephenson: Shall I get up and say that to him?

Mr. Chairman: Does the minister wish to respond?

Hon. Mr. Elston: No.

Mr. Chairman: Does any other honourable member wish to discuss the amendment of the member for Humber? There being none—

Miss Stephenson: The member for Humber.

Mr. Chairman: I am sorry. The member for Humber.

Mr. Henderson: I have a question of my colleague the minister.

Mr. McClellan: Give him a limousine. Try a different approach. Put him in the cabinet.

Mr. Chairman: Order.

Mr. Henderson: This is a serious question which will not take very long. The minister can give me a one-word answer.

Mr. McClellan: It is a serious filibuster. It is a serious waste of time. We can sit all night.

Mr. Breough: I think the member is going to get a one-word answer.

Mr. Henderson: If I were willing to remove the Quebec option and anything else the minister does not like in this amendment, noting that it preserves the total ban, and to find out from Dr. Moran or Dr. Railton that it would indeed avert a province-wide service withdrawal, is there any way the minister could consider supporting it?

Hon. Mr. Elston: I am sorry. We have a section 4 on which we just voted. It was amended. That is the section I prefer. We are satisfied with that section.

Mr. Chairman: Is there any other honourable member who wishes to participate in the debate on this amendment?

5:50 p.m.

The committee divided on Mr. Henderson's amendment, which was negated on the following vote:

Ayes 24; nays 56.

Mr. Chairman: We now have an amendment to section 4 from the member for Lincoln.

Mr. Andrewes: I wish to withdraw the amendment to section 4 that I originally circulated. We have had some minor wording changes.

Mr. Chairman: Mr. Andrewes moves that section 4 of the bill, as amended, be struck out and the following substituted therefor:

"4(1) In this section, 'college' means,

"(a) the College of Physicians and Surgeons of Ontario in respect of physicians;

"(b) the College of Optometrists of Ontario in respect of optometrists; and

"(c) the Royal College of Dental Surgeons of Ontario in respect of dentists.

"(2) Where a person believes that a practitioner has contravened section 2 of this act, the person may complain, in writing, to the registrar of the practitioner's college;

"(3) Where the registrar receives a written complaint under subsection 2, the registrar shall forward the complaint to the college's complaints committee, and the complaint shall be dealt with in the same manner as a complaint under the Health Disciplines Act."

Incidentally, to the member for Lincoln, the motion is the one circulated this afternoon. There is no change from that.

Mr. Andrewes: No. It is the last document that was circulated, the most recent editing.

I am taking my cue from the minister in clause-by-clause study of Bills 54 and 55, where there was some momentary editing done to the government's amendments, so I do not feel at all concerned that we have not had a lengthy time to peruse this amendment. Nevertheless, the intent of the amendment, as it is proposed now, is not significantly different from the original amendment that was submitted.

I would like to make some comments regarding the history of the College of Physicians and Surgeons of Ontario because it is significant in respect to this amendment. Our initiative here is to have matters of discipline in the self-regulating professions of medicine, optometry and dentistry continue in that tradition whereby those professions, by dint of legislation passed in this House and periodically updated by this Legislature, have been given certain authorities to discipline their members for various matters of misconduct that come before the disciplinary bodies.

My comments will be primarily directed towards the college of physicians and surgeons, since the physicians of the province are the group that is most severely impacted by this legislation. It is the self-regulating body that probably carries with it the most history and best illustrates the desire of the profession and of this Legislature to allow that profession a degree of self-regulation.

Mr. Chairman, as you well know, being a student of history, the College of Physicians and Surgeons of Ontario was established by an act of this Legislature in 1869, described as the Medical Act. It brought about a fundamental change in the role of the profession and established for the first time a professional college that was to be governed by a council. The college was given the power to administer licensing exams that physicians were required to pass before they, as applicants, could become members of the college itself.

The council, the governing body, received a large measure of control over the area of medical education. In 1869, after this act was passed, the council set up a legislation committee whose purpose was to consider further amendments that would add significantly to the regulation of the profession and to the impact of the work of the college.

In 1870, the council published its first regulatory requirements to be met by potential members who were seeking to write its examinations.

In 1874, amendments were passed to the Medical Act, which was the act, as the member for Brant-Oxford-Norfolk (Mr. Nixon) will recall—

Miss Stephenson: He was not around in 1874. 6 p.m.

Mr. Andrewes: If he was not around, from his studies of history and his attempts to convey those historical notes to his students back behind Earl's gas station, he would well remember that in 1874 the Medical Act underwent significant amendment. The most significant amendment concerned the levy of an annual fee by the council itself. It also inserted a grandfather clause according to which all of those practitioners who had been registered under previous acts were entitled to transfer their registration. If they were not registered, those persons could be treated as unauthorized practitioners, and the council turned its attention to eradicating the large numbers of unauthorized practitioners that were prevalent in the province in that period more than 100 years ago.

The council established an official prosecutor for the whole province and this system remained in operation until 1896, when provisions were introduced regarding discipline and professional misconduct. Interestingly enough, practitioners who were found guilty of professional misconduct would have their names struck from the register, erased. They were no longer registrants in the college and were no longer recognized by their peers as being part of that noble profession.

In 1887 another set of amendments set up a procedure for disciplining members of the college itself. The council appointed a discipline committee, which acted as a quasi-judicial committee not unlike the one that exists today. It established grounds for bringing members before the discipline committee. As an example, if a practitioner was found guilty of, heaven forbid, a felony or of infamous or disgraceful conduct in a professional respect, he or she could be brought before that disciplinary committee.

The period from 1887 to 1912, probably a period of—

The Deputy Chairman: Order. There are too many conversations.

Mr. Andrewes: Thank you, Mr. Chairman. I know you are vitally interested in what I have to say even if the rest of the chamber is not.

The period from 1887 to 1912—

Hon. Mr. Nixon: We are getting there: 1912 is the year I was born.

Mr. Andrewes: That was about the time the member for Brant-Oxford-Norfolk was created—not born, created. During that period, the college itself had gained control over the profession but to a large extent lost control over the whole area of medical education. It lost that control to the universities, which were now becoming a major part of the educational face of Ontario.

It was during this period that disciplinary procedures were first set up in the act about 1887, but no cases were referred to the disciplinary committee until the meeting in 1889 of the council itself. It was two years later before a case was referred to the disciplinary committee. A letter of apology from a doctor, charged and found guilty, in return for suspension of the action for which he was found guilty, became the routine solution to most of the disciplinary action.

Strangely enough, and this would be a matter of some interest to the lawyers present here, most of the early discipline cases were concerned with advertising. In 1908, the council began disciplining abortionists, but interestingly enough, the council today appears to have relieved itself of that obligation. In 1896, the council set up a complaints committee, the duty of which was to advise the prosecutor whether to proceed in cases where there was some doubt.

During the first 50 years of the council's operation, the council itself was concerned with creating a profession of medicine by establishing a body of practitioners with uniform educational requirements and a code of professional behaviour and professional ethics. In the period from 1912 to 1939, we saw the development of the present-day attitudes towards disciplining members of the profession.

The question of discipline became much more of a focus for the college and for the council. From the time it first obtained the power to discipline the college members, the council was reluctant to erase practitioners' names, since it often felt that penalty was too severe. In most cases, council followed its original policy of

taking no further action if the offender simply apologized. In 1919, however, council was given the power to suspend the member's licence for a specified period of time instead of expelling that member from the college and erasing his or her name, as was its prerogative.

It is rather interesting that the bulk of the disciplinary cases concerned statutory offenders and problems related to the tendency of certain doctors to experiment along lines that were considered unprofessional. Moving right along, in that period from 1940 to 1967—if the Chairman is thinking of calling me to order—

The Deputy Chairman: No. I think you understand the point.

Mr. Andrewes: I am attempting to develop a reasoned logic for why the member for Wellington South (Mr. Ferraro) and his colleague the member for Kitchener (Mr. D. R. Cooke) and others would support this reasoned amendment, whereby the consistent policies of this Legislature to grant to the professions the right to regulate themselves should be followed as part of Bill 94. It is useful to refer to some of the history, because without our history there is no future. Members will know that expression, brought to them by Petro-Canada.

During the period from 1940 to 1967, the college obtained increased disciplinary powers and the public's attention turned the power of the college itself over to its members and led it to expect the council to police matters which it felt were outside its jurisdiction. In this period, the college began taking a more active part in assuming responsibility for its members' professional behaviour.

6:10 p.m.

In 1942, for instance, legislation provided for erasure from the register once a doctor had been found mentally ill or incompetent. The college took on further responsibility, asking the Attorney General of the day to advise the council on any conviction against a medical practitioner. Before this, the practice had been to rely on some fellow practitioner to bring the matter to the council's notice.

The council realized that many complaints made against doctors were not the subject of disciplinary action, so they created local mediation committees which sought to resolve problems by interviews with the doctor and patient. Also about this time, the council became more willing to define what would be considered unprofessional conduct. It increased its willingness to broaden the concept of misconduct.

In 1960, it began revising the legislation concerning discipline. The first major change dealt mainly with the procedures for dealing with mentally ill doctors, drunkenness and drug addiction. An amendment also added the power to erase for improper conduct in a professional respect as well as for infamous or disgraceful conduct.

I might pause here and suggest we could consider some self-regulation for members of this chamber that would produce some guidelines around the question of infamous or disgraceful conduct.

In 1962, the college condemned the sale of accounts by doctors to a third party. In 1963, there was a change in the definition of professional misconduct.

The Deputy Chairman: Is there a possibility you can come directly to the point in discussing the amendment?

Mr. Andrewes: I said at the outset I was attempting to build a bridge between the history of the college and of this Legislature in giving to the profession—

The Deputy Chairman: Make sure you come to the point as soon as possible.

Mr. Andrewes: I intend to, sir. I have one more brief page of notes, which I will get to in a jiffy.

In the case of a doctor who was convicted of an offence, the doctor's name was to be erased without a hearing. If a practitioner was found guilty of professional misconduct, the committee could either reprimand the offender or suspend the practitioner for a period of up to three months. If neither penalty was considered appropriate, the committee would refer the matter to the council. Council could then refer the matter back to the committee for further consideration and impose any penalty that was available to the committee, suspend the offender for longer than three months or order the name stricken from the register.

In 1965, there was an amendment to the Medical Act which defined professional misconduct as including a finding by the discipline committee of conduct unbecoming of a medical practitioner, or incompetence. It was then that a new complaints committee was formed, with the power to consider complaints against doctors. When it was decided further action should be taken, the matter would then be referred to the discipline committee.

In 1966, an amendment was passed which enlarged the functions of the discipline committee and gave it the power to suspend the member

for up to 12 months and also to impose a suspended penalty on such terms and conditions as it deemed advisable. Where the committee referred a case to the council for sentence, it recommended what it felt would be the most appropriate penalty.

In 1966, the Ontario government established by order in council a committee of the healing arts—

Miss Stephenson: Arts.

Mr. Andrewes: I am sorry, a Committee on the Healing Arts, to review and make recommendations for legislative change in the health disciplines. From this committee, which reported to the Legislature in February 1970, evolved the Health Disciplines Act of 1974, which regulated nursing, dentistry, pharmacy, optometry and medicine.

The complaints committee remained in place but added that complaints could be lodged by members of the public as well as by members of the college. It is at this point that I come directly to the amendment, because it was at that juncture, in 1966, that the public was allowed to make complaints directly to the complaints committee, and it is through the mechanism we are proposing that an individual who offends the intent of Bill 94 would be brought to some reckoning by his peer group.

The complaints committee was given the power, among other things, to take such action as it considered appropriate. The discipline committee, when decided by the council executive committee or complaints committee, can hear and determine allegations of professional misconduct or incompetence against any member. The new act, Bill 94, does not give the discipline committee the power to take whatever action it deems appropriate or advisable.

The regulations passed under the Health Disciplines Act with respect to optometry, dentistry and medicine provide what is appropriately known as a shopping list of what might be considered to be professional misconduct. After a review of this list, there does not appear to be a provision under which the college could take the position that a contravention of section 2 of the Health Care Accessibility Act, Bill 94, was professional misconduct.

Since the inception of the College of Physicians and Surgeons of Ontario, its powers to regulate the medical profession have continually been expanded. Both the complaints committee and the discipline committee have, I believe, operated successfully in dealing with allegations of professional misconduct and incompetence. I

am sure a number of members will recall that in 1983 this House passed an amendment to the Health Disciplines Act permitting the council to establish a peer review committee, a further expansion of the self-regulating powers of the council and the college.

Medicine, dentistry and optometry have always been self-regulating professions. What I have attempted to do is to trace the history of this self-regulation in one of those professions step by step, indicating at various junctures in that history where this House has seen fit to expand the powers of the college and the role of the self-regulating body. I hope this House will see that it is necessary to be consistent with the Legislature's intent over the years.

Mr. McClellan: No, we do not see it.

Mr. Andrewes: The member for Bellwoods (Mr. McClellan) says no. Perhaps he does so frivolously, knowing he supported previous legislation that gave additional rights to the profession to self-regulate. This is in keeping with that program.

The House itself should consider seriously giving the college the power to deal with the physicians who contravene section 2. If this amendment does not pass, the only person who will be able to deal with a doctor who contravenes section 2 will be the general manager, and only as it relates to the setting-off or the contra-accounting of extra-billed dollars.

In conclusion, the amendment brings into focus the consistent intent of this Legislature over the years to give powers of self-regulation to the profession. We know it will be the government's wish to follow that long-standing tradition.

6:20 p.m.

Hon. Mr. Elston: I have a concern as to whether the honourable member actually contacted the colleges he has listed here or whether this was done without consulting them. It is my impression that the amendments that have already been made to the bill are suitable and appropriate enough to make sure the bill is enforced. I am happy enough with those, but the member might want to tell us whether all the colleges mentioned have been consulted and whether they have consented to the role he sees them playing.

Mr. Andrewes: The answer is no.

Hon. Mr. Elston: That being the case, that tells us even more that we ought not to support the amendment, since there has been no consultation. In any event, we do have a mechanism that

is quite suitable and appropriate to enforce the legislation.

Mr. D. S. Cooke: When we were debating the pharmacy bills in committee, Bill 54 and Bill 55, the Conservative Party consistently said that items of pricing and fees should not be dealt with by the college because they are not matters of professional conduct. Bill 94 deals very clearly with fees for doctors. I assume the Conservative Party wants to be consistent and understands that professional misconduct is something the college deals with and insurance matters are something the government deals with.

Miss Stephenson: The questions I posed early in the public hearings of this debate were related to the concern I had expressed, and which other physicians have expressed, that Bill 94 brands as criminals those individuals who are seen to contravene the government's decision that the only fee to be charged for any service by any physician is that determined by the government in terms of the OHIP level of benefits.

When that statement was made, I was informed that this was not a criminal act, but simply a violation of a piece of legislation and, therefore, could not be considered criminal. As some members may know, there is a course of action within the college that is automatic. When a physician is charged and convicted of a criminal act, there is an automatic loss of that physician's licence. The minister was at pains to tell me this could not be considered a criminal act. It was simply an infraction of a piece of legislation that was within the health insurance field of Ontario.

If there is any kind of action that is considered to be inappropriate in this area, I would like to know whether it is then considered a fraud on the part of the individual physician if that kind of billing is carried out. I do not know of any other definition that would be appropriate, since the minister is insistent that there must be some kind of monetary fine for the action taken. I would like the minister's legal definition of what he is expecting the penalty section of this bill to provide for the implementation of this piece of legislation.

Hon. Mr. Elston: The honourable member has substantially made her case several times that she does not like the fines sections.

Miss Stephenson: I am asking the minister a question. This is not question period. Why does he not answer the question for a change?

Hon. Mr. Elston: The honourable member knows that the whole focus of our legislation has

been to put in sections that will not necessitate going through fines. If that is unacceptable to her, we have alternative ways of enforcing legislation.

Regarding the question she asks about why we are not going to support a system that forces the College of Physicians and Surgeons of Ontario, the College of Optometrists of Ontario and the Royal College of Dental Surgeons of Ontario to enforce this legislation when they have not even been consulted about it, I do not think it is an appropriate amendment. That is really the bottom line as to why we are not supporting this sort of mechanism.

We have not even talked to them about it. I have talked to the college of physicians and surgeons, for instance, about this legislation and inquired into its thoughts, since it has been before the House for some time. What we are looking at is the reason this is not appropriate. It is not appropriate to move an amendment when one has not even talked to the body that is responsible for administering the public interest in this province and trying to put this on its shoulders without talking to it.

Miss Stephenson: That is not the question I asked.

Hon. Mr. Elston: Whether it is the question or not, the essence of the amendment is that the member is throwing the responsibility on the college without even having taken the opportunity to phone it up and talk about it. That is what the essence of this amendment is, and it seems to be the reason we are here talking about clause-by-clause amendments. She is doing something and I have indicated quite clearly that we are not supporting the amendment.

Miss Stephenson: The minister still has not answered my question. The question was, what kind of legal category does this infraction of the law fall into? If it is not fraud or a criminal act, what is it? Could it be construed as noncompliance with a regulation that relates to the delivery of health services, which could be considered to be a practice unbecoming a physician in terms of not complying with an act that is written in Ontario? If that is so, then there is reasonable legal precedent and reasonable argument to consider the college an appropriate site for the examination of this.

The minister should not just shake his head at me. I did take the opportunity to talk with members of the council of the college about this subject. Most of them are apprehensive about it because they have never dealt with this kind of

situation. Members of the college of optometrists are less apprehensive.

I do not know at this point, because I have not talked to the president of the Royal College of Dental Surgeons about the matter at all, but I have talked to others in the dental profession who believe that, if the government is going to suggest there is something unprofessional about the behaviour of a doctor—and that is what it is saying—who charges more than the amount the government has decided is appropriate for that service, or a dentist or any other, on the basis of the negotiation with the amount that is made available by the Treasurer (Mr. Nixon)—

Hon. Mr. Elston: No. The OMA decides what is appropriate. Make that very clear. You used to decide that.

Miss Stephenson: The minister should not tell me it is the final decision only of the profession. I know better than that because I have been around for longer than he has.

If this is unprofessional conduct, I really want to know whether it could not be considered to be an appropriate responsibility of the governing bodies of the professions involved. That question is one I have put to those governing bodies, and I believe that although they are apprehensive, this would be a more appropriate route to deal with it than by imposing fines of the kinds the minister is suggesting.

Hon. Mr. Elston: Just to provide the answer, the fact of the matter is that if they breach this statute, the colleges can all consider whether there has been professional misconduct and they will deliberate on that in their roles as protectors of the public interest. I think we can leave that.

Miss Stephenson: Therefore, we do not need the minister's section at all.

Hon. Mr. Elston: Yes.

Miss Stephenson: No, we do not. In that case, we do not need the penalty section that is currently within the act and it would be more appropriate to have this section.

Because I see what time it is, Mr. Chairman, I would move that we adjourn the debate.

I am sorry. I am supposed to move that the committee rise and report.

The Deputy Chairman: Shall we proceed first with the vote on the amendment?

All those in favour of Mr. Andrewes's amendment will please say "aye."

All those opposed will please say "nay."

In my opinion the nays have it.

Motion negatived.

On motion by Hon. Mr. Nixon, the committee of the whole House reported progress.

ROYAL ASSENT

Mr. Speaker: Before I recognize the government House leader, I beg to inform the House that in the name of Her Majesty the Queen, the Honourable the Administrator has been pleased to assent to a certain bill in his chambers.

Assistant Clerk: The following is the title of the bill to which His Honour has assented:

Bill 13, An Act to amend the Regional Municipality of Sudbury Act and the Education Act.

EDUCATION AMENDMENT ACT

Hon. Mr. Nixon: I have the honour to report that the standing committee on social development has completed its consideration of Bill 30. We look forward to having the bill reported back to the House on Monday. I know all members would like to congratulate the chairman and the members of the committee for a solid year's marvellous, patient, productive work.

I also want to congratulate the Minister of Education (Mr. Conway) and the parliamentary

assistant for all the good work they have done. I am sure there will be some comments on Monday on a more formal basis.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I want to indicate the business of the House for the coming week. On Monday, June 16, and Tuesday, June 17, we will continue with Bill 94 in committee of the whole House, if needed. This will be followed by Bill 30, if reported, and third reading of Bill 94, if reprinted.

On Wednesday, June 18, there will be second reading, and committee of the whole House if required, on Bill 43, shoreline property assistance; Bill 79, municipal bonuses; Bill 11, condominium conversion; Bill 76, Grassy Narrows; Bill 98, foreign arbitral awards, and Bill 72, powers of attorney.

On Thursday, June 19, in the morning, there will be private members' business standing in the names of the member for Nickel Belt (Mr. Laughren) and the member for Essex South (Mr. Mancini). In the afternoon, there will be Bills 94 and 30, if not completed, or legislation not completed on Wednesday.

The House adjourned at 6:34 p.m.

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Hansard

Official Report of Debates

Legislative Assembly of Ontario



Second Session, 33rd Parliament

Monday, June 16, 1986

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday, June 16, 1986

The House met at 2 p.m.

Prayers.

PERSONAL EXPLANATION

Mr. Speaker: I would like to inform the House that I have received notice from the Chairman of Management Board requesting permission to make a statement of personal privilege. Minister.

Mr. McClellan: On a point of order, Mr. Speaker: Some of us had been expecting a ministerial statement. The government has chosen to proceed by way of a personal explanation, which I understand requires unanimous consent. Perhaps it would be reasonable to request unanimous consent for brief responses from opposition spokespersons to the statement.

Mr. Speaker: In response to the suggestion and point made by the honourable member, I would like to read the definition of "a personal explanation" as contained in Parliamentary Dictionary.

"A member who wishes to explain, excuse, justify or apologize for, his conduct is allowed to make a statement, known as a personal explanation.... Examples of such statements are those made by ex-ministers explaining their reasons for resigning office, and those made by members whose conduct has been subject to criticism. These statements are made by the indulgence of the House, and not of right, since there is no question before the House at the time, and no debate can take place."

I remind the honourable members that, of course, there was a previous case in England, the Profumo case, and here more recently, the Spensieri case; some members will recall that.

Interjections.

Hon. Mr. Nixon: But it is with consent.

Mr. Speaker: That is true. A member, any member, who wishes to explain—yes?

Mr. McClellan: Mr. Speaker, with respect, I have a copy of the same definition, and one subordinate clause which you left out of your statement is that a personal explanation normally takes place after question time.

My point was simply that a personal explanation in any event, particularly one that takes place

ahead of question time, should require the consent of the House. My request is very simple, that we add an opportunity of a brief response from each of the opposition parties, also by way of unanimous consent, in order that we can proceed with this important statement.

Mr. Speaker: In regard to the member's point, I inadvertently did leave out "immediately after the question period." That is stated in what is written here before me. Would it be better to do this during ministerial statements?

Agreed to.

2:05 p.m.

MEMBERS' STATEMENTS

DISASTER RELIEF

Mr. Shymko: I rise today to urge the government and all members of the Legislature to help the Red Cross in its campaign to aid the people of Jamaica in their hour of need. As members know, tropical storm Andrew has ravaged the south coast of the Caribbean island of Jamaica for the past two weeks. They urgently require our help and generosity to cope with the serious flooding.

Ontario has a very long and proud association with the people of Jamaica, beginning in the early 1960s, when Bill Davis was Minister of Education. We sent school furniture, textbooks and other items to the people of Jamaica. In the 1970s, the then Minister of Health, the member for Don Mills (Mr. Timbrell), began the twinning of hospitals program. The first was the twinning of the Owen Sound General and Marine Hospital with the Alexandria Hospital in Saint Anne's parish in Jamaica.

Ontario has provided hospital supplies, ambulances, furniture and linen. Just a year and a half ago the government of Ontario sent more than \$1 million worth of vaccine to Jamaica. Therefore, I urge the government to continue this tradition which was begun by the previous administration.

There are more than 65,000 Jamaicans now living in Ontario, many of them with friends and relatives who have been affected quite seriously by the damage done by tropical storm Andrew. It is time for us to do our part as individuals and for

the government of Ontario to do its part on behalf of the people of this province.

LABOUR DISPUTES

Mr. Martel: I have a statement on work refusals at Chrysler in Windsor.

A number of work refusals have occurred at both Chrysler facilities in Windsor where management has threatened workers and then disciplined the workers with suspension. In one case, nine workers were suspended for five days. The Minister of Labour (Mr. Wrye) was involved, but he was totally ineffective and chose to hide behind subsection 24(2) of the Occupational Health and Safety Act.

The union resolved these suspensions through the grievance procedure and negotiations without the help of the Ministry of Labour in enforcing the act. Meetings were held with ministry officials in Toronto, and ultimately the minister defended the ministry position of using the Ontario Labour Relations Board to resolve disputes of this nature instead of using the act.

The minister promised to investigate but stated it was too late to charge the companies. It would seem it is either too late or too soon to charge companies. The last meeting of the union and the ministry staff in Windsor was called after the task force I headed went to Windsor.

Since the ministry still refuses to enforce the act, nothing has been accomplished. The work refusals were serious matters concerning excess heat in the spray paint booth and work in the sanding booth and in the welding area. All these areas expose workers to hazards.

These workers were organized, with strong representatives working for health and safety. What of unorganized workers in a situation such as this? They would have lost their jobs and possibly their health, with the Ministry of Labour just looking on.

RADIOACTIVE SOIL

Mr. Gordon: The Premier (Mr. Peterson) is fast establishing a record of broken promises and backing away from previous commitments. None is more vivid than his commitment to the residents of McClure Crescent. These residents have been offered a deal by him that may give him a lot of public relations fanfare but keeps them prisoners on their contaminated, radioactive soil. The latest offer by the Premier is a far cry from the demands he was making for them in September 1983.

In 1983, he issued a communiqué demanding immediate action for residents; he believed then

that they were being slowly contaminated by cancer-causing radiation. It was all too clear to him then that the soil was contaminated. In 1983, he was demanding that the families be compensated for the loss of their homes, for health effects and economics losses; now, in 1986, he does not have the time of day for these residents. He refuses to even meet with them.

In October, with great fanfare, he announced he would purchase those 40 homes at market value, but that is meaningless to these people. It is going to cost them much more than that to replace the homes they currently live in. Many of these residents earn the minimum wage. How does the Premier expect them to purchase new homes? They want to extend the terms of the home ownership plan under which they originally purchased these homes. The Premier tells them that was not part of the deal. Radioactive soil was not part of the deal for them either. When is the Premier going to take action on this matter?

INSURANCE RATES

Mr. Swart: The New Democratic Party caucus insurance committee released its findings and recommendations pursuant to its hearings in 15 centres across this province. Unlike the Slater task force, which was beholden to the doctrinaire private insurance philosophy of this Liberal government, our recommendations are based on the principle that whatever insurance system works the best for the public is the system that should be used, whether it is private, public or a combination of both. Therefore, a dominant recommendation from our committee is that Ontario take steps immediately to implement a public auto insurance system similar to those in Manitoba, Saskatchewan and British Columbia.

Again, unlike the Slater commission and the Minister of Consumer and Commercial Relations (Mr. Kwinter), we were not afraid to look at figures and facts, and we document the tremendous financial and other benefits of the public system. Tables and statistics are included in our report. There is a place too for government involvement in liability insurance, in rate control, in pooling, in an insurance exchange, in reinsurance and in selling liability insurance in competition with the private sector. In the long term, there needs to be a publicly operated, universal, no-fault sickness and accident insurance plan for this province.

Finally, there is no doubt that if the government of this province wants to serve consumers rather than insurance companies, it must replace

the suggestions of Slater with the reforms that we in the NDP propose.

FOOD LAND PRESERVATION POLICY

Mr. J. M. Johnson: As I stated in this House on May 22, I am pleased to see the Minister of Agriculture and Food (Mr. Riddell) and the Minister of Municipal Affairs (Mr. Grandmaitre) in their policy statement on food land preservation are following in the footsteps of the previous Progressive Conservative government.

However, two aspects of this proposed policy are causing considerable concern at the local level and within the agricultural community. They are the restrictions on severances and the 10-year time limit in planning. The Wellington County Federation of Agriculture and the councils of Lambton, Grey and Wellington counties, as well as many municipal councils, rural and urban, including most of the 21 municipal councils in my riding of Wellington-Dufferin-Peel, have all expressed grave reservations about these two aspects of the proposed policy.

It is felt that if these sections of the policy statement are implemented in their present form, responsibilities which should by right rest with the municipalities will be taken away and centralized at Queen's Park. Decisions will then be made by bureaucrats who in most cases cannot be fully aware of the conditions at the local level.

I very strongly urge the Minister of Agriculture and Food and the Minister of Municipal Affairs to revise these sections of the policy to reflect the widespread concerns expressed in this regard.

POLICE COMMISSIONS

Mrs. Grier: I would like to express my regret at the action of the Solicitor General (Mr. Keyes) in refusing to allow the municipality of Metropolitan Toronto to appoint a majority of the members to its police commission. Many municipalities have been victims of the provincial attitude that he who pays the piper calls the tune when the province has been paying the piper. Metro pays 88 per cent of the cost of its policing, and still the province insists on calling the tune.

This is not a new issue. In 1977, the Robarts report said Metro should be given total responsibility for its own policing. In 1983, the member for Welland-Thorold (Mr. Swart) moved an amendment that provided for majority control of the Durham police force by that municipality. Strong speeches in support were given by the member for St. Catharines (Mr. Bradley), the member for Niagara Falls (Mr. Kerrio), the

member for Erie (Mr. Haggerty) and others in the then official opposition. How things have changed. Unless we had an issue nailed right down tight in the accord, the government refuses to act on things it supported while on this side of the House.

This is an issue of accountability and municipal autonomy far more than it is one of policing. The council of a city of two million people does not deserve to be treated as a junior level of government but as a partner. I hope this incident will serve to draw attention to that fact and that future relations between the province and Metro will reflect a different attitude.

2:15 p.m.

STATEMENTS BY THE MINISTRY AND RESPONSES

TOURISM IN NORTHERN ONTARIO

Hon. Mr. Eakins: As we all know, communities in northern Ontario are experiencing higher unemployment as a result of industrial restructuring. Our government believes that one way to face this problem is to develop alternatives, to diversify the economic base as much as possible.

Increasing tourism is one alternative that has great potential. To strengthen tourism in the north, a special marketing campaign will be put in place immediately. It will feature northern communities, attractions, hospitality and outdoor adventure, and will be directed at southern Ontario and United States border states.

This is our short-term plan of action. To sustain and build northern Ontario as a tourist destination, longer-term solutions are also needed. With this in mind, our government is preparing a long-term marketing strategy aimed at more distant US cities as well as several European countries. Beginning this summer, we will train northern operators to sell more effectively in these markets.

Our northern ministry field staff will be assisted in these marketing programs by our advertising agency, Vickers and Benson. Together, they will provide onsite consulting to communities, tourism organizations and tourist businesses.

The total cost of this program will be \$1 million for 1986-87 and an additional \$1 million for the following year. This investment, which stems from the recent budget of the Treasurer (Mr. Nixon), could result in an increase of as much as \$19 million in direct tourist spending, \$2.6 million in provincial revenue per year and 950 permanent jobs per year.

Both the short-term and long-term components of this marketing program are being developed in close consultation with the Minister of Northern Development and Mines (Mr. Fontaine), his ministry, northern communities and travel associations. I am confident the decisions we reach together will have a strong, positive and lasting impact on the tourism trade and indeed on the economy in Ontario's north.

Mr. Rowe: While we welcome the government's thoughts on tourism in the north, we say they are just that. Is \$1 million all the north is worth for tourism marketing; 80 cents per person? That will buy a lot of marketing, especially with a new agency called Vickers and Benson.

The minister said in his statement, "in close consultation with northern communities." Both major reports on the north—one on the environment and the other on single-industry communities—recommend that northern people become more directly involved. They do not recommend close consultation at 80 cents per northerner. We suggest 80 cents per person in the north will not do a lot for the tourism marketing of the great northern part of Ontario.

WORKERS' COMPENSATION

Hon. Mr. Wrye: As the honourable members know, the government has been particularly active in the past year in its efforts to improve the province's workers' compensation system.

Today, it gives me great pleasure to inform the House of three recent initiatives that have important and helpful implications for both employees and employers in connection with workers' compensation. These three initiatives involve the office of the worker adviser, the office of the employer adviser and the Industrial Disease Standards Panel, all of which were created under the major reforms to the Workers' Compensation Act which received royal assent 18 months ago.

First, the office of the worker adviser: As the members know, this office of my ministry exists to assist workers in their dealings with the Workers' Compensation Board. At the moment, this service has three offices in Metropolitan Toronto and seven in other regions of the province. It employs 22 worker advisers and has an annual budget of \$2.3 million.

I am pleased to announce today that the government has given the office permission to hire 18 additional worker advisers and has increased its budget to \$3.5 million. These enhanced resources will permit the office to

accommodate a case load that is one third higher than anticipated originally and to meet its objective of completing its work on each case within six months of starting work on the case.

Second, the office of the employer adviser: As the members know, this office of my ministry assists employers in their dealings with the Workers' Compensation Board. Since it opened eight months ago, it has served 1,200 employers of all sizes from all parts of the province. It is anticipated that the office will be called upon to serve a total of 2,900 clients this financial year. While more than half the demand comes from the Toronto area, 20 per cent comes from southwestern Ontario, 12 per cent from northern Ontario and 12 per cent from eastern Ontario.

Just a few hours ago, I had the pleasure of announcing in Windsor that the government was dedicating new resources to the service. As a result, offices will be opened within the next six months in Windsor, Kitchener, Sudbury and Ottawa. In addition, the Toronto office will be expanded. In total, this enhancement will involve an increase in the number of employer advisers to 14 from the current four and an increase in the operation's annual budget to \$1.25 million from the current \$500,000.

Third, the Industrial Disease Standards Panel: As honourable members know, the panel is responsible for investigating possible industrial disease and advising on workers' compensation for claims related to industrial disease. In recent days, I have had the pleasure of announcing the appointments of seven distinguished men and women to the panel. They are Ralph Barford of Toronto, Dr. John Peter Chong of Hamilton, Jean Louis Gagnon of Hanmer, Dr. Edward Gibson of Hamilton, Linda Ann Jolley of Toronto, Jane Levay of Kapuskasing and Dr. David Muir of Hamilton, who will serve as vice-chairman. The chairman of the panel is Dr. James Ham of Toronto.

Taken individually, these initiatives represent the effort of government and indeed the will of the Legislature to make the workers' compensation system reflect the many concerns of its clientele and to demonstrate its ability to deal with the many uncharted possibilities of devastating occupational hazard. Taken together, these initiatives will help to advance workers' compensation towards a system that is sensitive, comprehensive and fair. After all, that is the objective of this government and the mandate of the Workers' Compensation Board.

EXTRA BILLING

Hon. Mr. Elston: I wish to report to the members of the House the results of a meeting I held this morning with representatives of the College of Physicians and Surgeons of Ontario. The college has drawn up and approved the following statement regarding the provision of emergency care during the withdrawal of services by doctors.

"The College of Physicians and Surgeons acting in its role as a protector of the public interest has already expressed concern with the climate of confrontation between the medical profession and government. With the apparent increase in polarization and withdrawal of services, our concerns mount.

"We are continuing to assess the situation and gather information with regard to the temporary disruption of emergency services at the Northwestern General Hospital and the anticipated disruption of emergency services at other hospitals. With regard to the Northwestern General Hospital emergency service, our monitoring has shown that all patients who sought medical care were admitted and those seriously ill were treated.

"We wish the public and profession clearly to understand our position that:

"1. The complete closure of emergency departments is unacceptable.

"2. Disruption of emergency department services is causing increasing public inconvenience. Whether or not such disruption of emergency services constitutes unacceptable professional conduct will be based upon an assessment of a number of factors, including: the type of emergency care usually offered at that institution and the usual specialist backup; the ability of nearby emergency facilities to handle adequately an increase in activity; the adequacy of staffing at the alternative facility; the distance and driving time to the alternative facility; the extent of physician backup at the alternative facility.

"3. It is unacceptable to have a serious disruption of emergency capabilities in referral or tertiary care institutions. These special institutions with regionally agreed-upon specialized programs provide unique and essential services."

The statement is dated June 16, 1986.

Mr. Rae: I comment on the statement by the Minister of Health. I do not think any of us can be satisfied on the basis of what the minister has just announced. It is clearly set out in regulation 448 under the Health Disciplines Act, section 27, that the definition of professional misconduct in-

cludes "contravening while engaged in the practice of medicine any...provincial...regulation...." The provincial regulations under the Public Hospitals Act say, "When a member of the medical staff is unable to perform his duties in the hospital, he shall arrange for another member to perform his duties and notify the administrator."

It can clearly be demonstrated that this has not happened with respect to the closure or disruption of the emergency departments at Northwestern General Hospital, at Humber Memorial Hospital, at Scarborough Centenary Hospital or, I understand, as I heard coming into the House today, at the Welland County General Hospital.

When the College of Physicians and Surgeons of Ontario says, "the complete closure of emergency departments is unacceptable," it means in effect that it is condoning the partial disruption of emergency services and is condoning what I would read to be—and I look forward to discussing and debating this with the minister—an actual breach of the Health Disciplines Act and of the Public Hospitals Act.

That is an indication of how serious the situation is and we are simply not satisfied with the steps that have been taken so far.

PERSONAL EXPLANATION

Mr. Speaker: The Chairman of Management Board.

Hon. Ms. Caplan: I am rising today—

Mr. McClellan: Do we have a copy of this statement?

Mr. Speaker: Order. Copies have been requested by the other parties.

Hon. Ms. Caplan: Copies will be made available. My office is preparing them now. We had expected it would be as a point of privilege and information, as opposed to a member's statement.

Mr. Speaker: As this is now in ministerial statements, I will have to ask the House if it wishes the minister to go ahead without copies.

Hon. Mr. Nixon: Mr. Speaker, I should not respond to the interjections, but I think you are aware that this was to be a statement of personal explanation. The honourable members indicated they would like an opportunity to respond. We did not disagree with that, but since it is by the permission of the House that this goes forward and because of the fact that it is a personal statement, the honourable minister did not consider that copies would be required since she

was expressing her point of view and not making a government statement.

We would like to proceed. The minister has indicated she is obtaining copies, but if she were able to proceed, then comments could come from the honourable members as they saw fit.

Mr. Harris: On the point of order or personal privilege, Mr. Speaker: Whether it is required or not, I think common courtesy calls for copies of statements to be available. It also appears that every attempt is being made to find a way around the rules so that nobody can respond to this statement. That was the case on Thursday when it came in and we unanimously agreed to hear it. We will give unanimous consent, but I want it noted that it appears every attempt is being made to get a statement out without anyone having an opportunity to respond. It is the same as on Thursday.

Mr. Speaker: I asked the House previously for unanimous consent to place this under ministerial statements. I understand there now is agreement to go ahead. Copies will be received as soon as they are available.

IDEA CORP.

Hon. Ms. Caplan: I am rising today to apologize to the House for any confusion or misunderstanding that I may inadvertently have caused or created as a result of my statements last Thursday regarding my husband. I wish to take this opportunity to clarify the situation for the benefit of all members present.

As previously stated, my husband, Wilfred Caplan, has been a financial and corporate consultant to small businesses since 1971. He received his bachelor of commerce degree from the University of Toronto and a masters of economics degree from the University of California at Berkeley. He holds the designation of FCGA, Fellow, Certified General Accountants. He was past president of the Certified General Accountants Association of Ontario and last year served as national president of the Certified General Accountants' Association of Canada.

My husband's company, Damaza Consultants Ltd., was retained by Wyda Systems (Canada) Inc. in May 1985 to assist and advise Wyda in obtaining second-round financing and to assist with corporate administration. At that time, Wyda had the option of retaining my husband on a \$150 hourly fee for service or an \$8,000 monthly retainer; or a third option, which Wyda chose, of a \$2,000 monthly retainer plus a \$50,000 payment and a five per cent equity position in the company once financing had been

secured. I am informed these rates are consistent and reasonable with market standards.

Following the change of government in June and following a meeting with the assistant deputy minister, civil law division, Blenus Wright, Damaza's contract was modified to effect compliance with the conflict-of-interest guidelines. The new guidelines for ministers and spouses specifically precluded Damaza from taking any equity position in Wyda or from receiving a contingency fee based on money received from the Ontario government, its ministries or agencies. The final contract therefore provided for a \$2,000 per month fee designed to cover expenses plus, upon the successful completion of financing, a \$50,000 payment on closing and a further payment following a formula of five per cent of Wyda's profits in 1987 and 1988 up to a maximum of \$600,000.

This latter remuneration would not be paid if the financing originated from the Ontario government, its ministries or agencies. During this period, my husband pursued dozens of contacts with the federal government and private investors in Canada and the United States. The contract has since been reviewed by the office of the Attorney General (Mr. Scott) and has been found to be in compliance with the guidelines.

In the end, Wyda's second-round financing took the form of an equity investment by the Innovation Development for Employment Advancement Corp., approved by the IDEA board on March 6, 1986, with the money actually being received by Wyda on or about April 16, 1986, and the principal shareholder making a more than equivalent injection of equity to that provided by IDEA. During the entire course of negotiations with the IDEA Corp., my husband's position as a financial and corporate consultant was fully disclosed to the staff and to the members of the board. The only remuneration that my husband's company received was the \$2,000-a-month retainer.

Following this closing of second-round financing, my husband advised Wyda's president, Mr. Avi Dobzinski, who was his last consulting client, that he no longer wished to continue as a financial and corporate consultant to Wyda and that he would be pursuing his new business enterprise, Taurus Metal Trading Corp., on a full-time basis. Mr. Dobzinski asked my husband to stay on as a financial and corporate consultant to provide advice on the financial and accounting operations of the business and to assist Wyda in developing its search for third-round financing, as well to allow an orderly

transition as Wyda sought a replacement for Damaza as its financial and corporate consultant.

The previous contractual arrangement—that is, the discounted \$2,000 monthly retainer fee plus the contingency for investments other than from provincial ministries or agencies—could not be duplicated for the third-round financing because it covered a transition period only. Therefore, both parties agreed to the normal business retainer of \$8,000 a month which was one of the original fee options available to Wyda in May 1985. This fee arrangement for the initial period of third-round financing was to be renewable at Wyda's option on a month-to-month basis for a period of not more than three months. My husband believed that he had a professional obligation to his client during the development and to allow an orderly transition.

This arrangement lasted only two months. Unlike the second-round financing arrangement, this new monthly fee was the only remuneration my husband could receive if he was successful in helping to obtain third-round financing. The agreement for this third-round financing was to have expired today. At the time that I made the statement in this House last Thursday, I did not have the full details of this arrangement at hand.

Interjections.

Mr. Speaker: Order.

Hon. Ms. Caplan: I deeply regret and apologize to the House for any confusion that may have arisen. Under this transition arrangement, my husband actively pursued prospective investors and continued to provide financial forecasting and accounting services to Wyda. In addition, he assisted Wyda in undertaking to find a replacement for the services he was providing. Wyda is currently in the final stages of negotiations for the candidate for the position.

Subsequently, Mr. Dobzinski had also requested that my husband continue to be available to provide advice on his normal \$150 hourly fee-for-service basis. Although such an arrangement would have been in compliance with the conflict-of-interest guidelines, and despite a strong professional obligation to his client, the Premier (Mr. Peterson) has recommended to my husband that he completely sever his relationship with Wyda.

I would like to inform members of the House that my husband has severed his relationship with Wyda. I am sure the honourable members can satisfy themselves with this explanation that there has been no conflict of interest. The dominant feature of the IDEA Corp. throughout its lifetime has been its independence in decision-

making. Investment decisions are approved by the board of directors and are not influenced by the government in any way. The chairman of the board confirmed to the secretary of cabinet, "All board decisions are made on the basis of staff recommendations based on established criteria."

I accept, as does my husband, the need for complete and open disclosure of all matters which relate to the integrity of our government system.

Interjections.

Mr. Speaker: Order.

Hon. Ms. Caplan: This is both the reality and the responsibility of public life. In cases such as this, whether by misunderstanding or innuendo, the impact on one's private life is hard. Nevertheless, I must repeat that I welcome any further investigation by the standing committee on public accounts if my honourable colleagues find such a course of action desirable.

Mr. Gillies: I look forward to having a copy of the minister's statement to review it in depth. The point is that the minister has to resign, and I think she knows that. We have definite, *prima facie* evidence of a serious conflict of interest. A few of the facts have to be reviewed.

By the minister's own admission and by the statement of the Premier last week, Mr. Caplan was retained by the Wyda corporation to seek out sources of capital for that company. The minister has elaborated on some of the varying financial arrangements that could have been made at that time, presumably, again contingent on the type of capital that was obtained.

The fact is that the only new injection of major capital into Wyda was the \$3-million IDEA grant. The consultant, Mr. Caplan, was not successful in obtaining either federal or private sector money. Within one month of Wyda receiving a \$3-million grant in public funds, Mr. Caplan's monthly consulting fees went up from \$2,000 to \$8,000.

The evidence is overwhelming. Mr. Caplan's firm—in which the minister has an interest which she declared with her cabinet filing and put into a blind trust—a company of which she is a part, has benefited, and the Caplan family has benefited to the extent of at least \$6,000 per month as of obtaining the grant.

This is not a personal vendetta that I have been pursuing in this House. The question of the minister's husband's involvement in Wyda came up as a result of other research I was doing into the way this government has been using the IDEA Corp. since it took over.

I wish the minister no ill will. However, those of us who have served in the past or are now serving in cabinet in this province are well aware of the rules. I can quote the Premier's statement in the House last week when he said, with reference to the advice that was given to the minister and her husband at the time of her assuming office, Mr. Caplan was advised he "would be precluded from having any interest in the equity of a client company seeking funds from the government or any interest based on the amount of funds received from the government."

It stretches the credibility of the minister's statement. When one considers that the only change in the financing of the Wyda corporation was the obtaining of a \$3-million grant in public funds through a provincial agency, and that Mr. Caplan's fee then went up by more than 300 per cent within one month, there is very much the appearance that a benefit was received.

Frankly, I had a couple of nice things to say about this minister if she had come in today, as I expected, to tender her resignation pending a full investigation. I will have to hold those in reserve.

The parliamentary convention, of which I have 30 precedents here from across Canada, is that when there is a serious appearance of conflict of this nature, the minister must resign. This is not to say that if the matter is cleared up before the public accounts committee, a judicial inquiry or any other body, the Premier could not retain, as his option, the right to reinstate her as a minister. However, I say again, the honourable course of action is that the minister must resign; she must resign today.

Mr. Philip: I respond to the statement of the Chairman of Management Board of Cabinet. It is unfortunate that she has not yet tabled with the Legislature the affidavit she has claimed on two occasions that her husband has signed.

On June 12, the minister made the point that at no time has her husband ever been legally an officer of the company. That is an academic distinction. The fact is, he was the chief financial vice-president of the company and was a man of high importance in that company.

Mr. Caplan's disclosure that he would not benefit directly does not mean very much. The mere disclosure of a potential wrongdoing is not the removal of that potential wrongdoing.

I refer the minister to the Manual of Administration, a document of which she should be aware, which deals with conflict of interest for public servants. In talking about conflict of interest it says, "This includes actual or perceived conflicts and those which have the

potential to be actual or perceived." It seems remarkable that the minister wants to impose on public servants a quality of behaviour that she does not wish to accept for herself.

The guidelines—and what the Premier brought down in September 1985 were merely guidelines—have no response to what happens when a minister violates them. The only thing that changed at Wyda from the time of Mr. Caplan's employment to the time he had an increase from \$2,000 to \$8,000 a month was that a \$3-million investment came from the Innovation Development for Employment Advancement Corp. If that is not a case where there would be at least a perceived conflict of interest, then I do not know what is.

Surely, when the standing committee on public accounts deals with this, it must ask whether the fee hike that was given to Mr. Caplan can in any way be attributed to what we would call "goodwill" in business circles? Only after we have dealt with that can the minister stand in the House in all respect and take over her responsibilities once again.

There is only one line in the standing orders dealing with conflict of interest. The guidelines are very unclear and have no penalties involved. This House will be dealing with a new Legislative Assembly Act. When the Premier is preparing and dealing with that, I hope he will see fit to bring in adequate conflict-of-interest laws under that act, where we do not have to go through this kind of charade.

In the meantime, until we have dealt with the Legislative Assembly Act or at the very least until after the public accounts committee has asked the questions we want to ask of the minister and her husband and resolved the matter, the minister should step down from her post.

2:46 p.m.

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: My question is to the Premier. Can the Premier tell the people of Ontario that they will be able today to receive all the health care services they require?

Hon. Mr. Peterson: There is obviously a strike in some of the hospitals, but I can turn it over to the Minister of Health to answer more specifically any questions the member may have. He may refer to him.

Mr. Grossman: No. We want to hear the Premier's answer. He is responsible. Answer the question.

Hon. Mr. Peterson: I have referred it to the minister.

Mr. Speaker: Order. I understand the Premier has referred it to the Minister of Health.

Hon. Mr. Elston: I can tell the honourable gentleman that we are continuing to watch very closely the activity in each of the hospitals where there has been disruption. As the member knows, I met with the college and we have come up with a very specific statement by the college. I can tell the honourable gentleman and the public that we have guidelines now with respect to what is considered inappropriate. We will continue to monitor the situation quite closely and we will respond in situations or circumstances that are brought to our attention.

Mr. Grossman: I would like to ask a supplementary of the Premier. May I do so?

Mr. Speaker: As I have mentioned to many members, the precedents in this House are that any supplementary questions flow out of the response. Therefore, the supplementary should be directed to the Minister of Health.

Mr. Harris: The Premier partially answered the question and then referred it. Therefore, I think it would be in order to ask the supplementary the way he wants.

Mr. Speaker: Order. I remind the members that this is question period. The supplementary must go to the Minister of Health.

Mr. Grossman: The precedent in this House is that the person who directly causes the problem should be willing to come to this House and answer for that problem, and the Premier is the one. He would not go out front to meet the doctors when they demonstrated, he locked them out of the building today and now he will not face the public in this Legislature.

The Minister of Health did not answer the question that I put to the Premier and that the Premier refused to answer. The minister is the guardian, under the Ministry of Health Act, of the care, safety and maintenance of the health care system. The people of Ontario are entitled to know from him whether he believes, as the Minister of Health, they can today receive all the health care services they require.

Hon. Mr. Elston: I have reported often enough in this House, and for a minute I wondered what the honourable member was going to have left to say. He shoots his quiver empty before he gets around to the question.

There are physicians in this province who are serving their patients. In fact, when I met with a group of people who assembled on the second

floor here earlier today, I could not find one of them who had been told by his physician that if he were needed, he would not respond. The patients I was able to talk to—and I was not able to talk to all of them—said quite clearly to me that their physicians had said they would meet their needs.

That being the case, it seems to me that a decision has to be made on the part of the physicians, when they are talking to their patients, on whether there are needs of a medical nature. My confidence is in that relationship, which has been widely reported and widely told to me to be one of some sanctity and one I should not trespass upon.

I can tell the honourable gentleman that the physicians are serving their patients. I can tell the honourable members that I do not wish to do what the Ontario Medical Association executive is doing; that is, telling physicians not to serve patients. I am committing them to do that.

Mr. Grossman: I want to put this proposition clearly to the minister. The public of Ontario is very concerned about health care today. We have emergency wards closing throughout the province. We have hundreds—by now, thousands—of elective surgical procedures cancelled. We have all sorts of people in the system who cannot get to see their doctors today.

Those frightened and concerned Ontarians are entitled to look to the government of Ontario and ask a simple question. That question is: Does the Minister of Health believe that all the health care services required for the people of Ontario are available today? I want him to stand up this afternoon and say, "Yes, we believe they are," or "No, they are not."

Hon. Mr. Elston: As usual, the honourable gentleman, in his own simple fashion, is trying to engage in some kind of rhetoric that will increase the concern of the public. The physicians have told me they will provide service to their patients. They have confirmed that right along. We have reported on the circumstances around the closing of the—

Interjections.

Mr. Speaker: Order. It is very difficult to hear.

Hon. Mr. Elston: When we reviewed, in conjunction with the college, the occurrences at Northwestern, the people who were at that emergency department were assessed. The people who required it, received treatment.

When it comes time to understand what service is required in a medical fashion for a patient, it really does rest upon the medical

judgement of those people who are trained professionally in this province to make that determination, and they are the physicians. It is my understanding that those decisions and determinations are being made, and they will continue to be made.

Mr. Grossman: When thousands of elective surgery cases are cancelled, the Minister of Health expresses no concern about the system.

My second question is to the Premier of this province. Does he believe there is a potential for a serious tragedy occurring in Ontario as a result of the doctors' strike?

Hon. Mr. Peterson: I will refer that to the Minister of Health.

Interjections.

Mr. Speaker: Order. I understand the Premier referred the question to the Minister of Health.

Hon. Mr. Elston: I can tell the honourable gentleman what we have done with respect to situations where there has been a closure of emergency services is that we have implemented what has been standard procedure around this province, whether it be as a result of withdrawal or whether it be as a result of an overflow of emergency services required in a hospital due to some kind of an accident.

I can tell the honourable gentleman what occurs when there is a problem at an emergency is that a contact is made with the closest hospitals in the area to advise of the circumstances. In addition, we have also provided services, which would include vehicles from the emergency services branch, to accommodate the circumstances of concern he has indicated in the question.

Mr. Grossman: It is a disgraceful circumstance, I say to the minister, that when there are thousands of patients out there trying to get medical services, the Premier of this province, winks, shrugs, smiles and laughs when a serious problem is put to him and a serious question is posed about this strike. Pierre Elliott Trudeau would be embarrassed to see that.

Since the Premier refuses to answer questions in this House now, when the going is getting tough, might I ask the Minister of Health if the Premier has expressed to him any concern for the safety of the people of Ontario?

Hon. Mr. Elston: The honourable gentleman will know that this government has expressed on occasions continuing concern about the people of this province. That is why we introduced this bill. We brought it in to protect the interests of the public in this great province of ours. Bill 94 is

designed to do just that and there are a number of members over there who want to hold this up. They have been talking at length. They do not care about the public of this province. That is our role and we must do it.

Interjections.

Mr. Speaker: Order.

Mr. Grossman: I want to tell the minister, as he smirks during this crisis, that what has caused this strike is nothing short of the attitude of the Premier, who has called the doctors, face to face, overrated and overpaid and told them he is going to do something about it. Do not go around accusing anyone else of causing this strike that the minister and the Premier started.

Interjections.

Mr. Speaker: Order.

Mr. Grossman: I remind the minister that one phone call from the Premier asking for a meeting will end this strike.

I want to ask the minister once again, since we cannot get an answer from the Premier, whether he would share some simple information with the public of this province. Has the Premier of Ontario expressed to him in the last 72 hours any concern for the safety and health of the people of Ontario? Yes or no?

3 p.m.

Hon. Mr. Elston: I tried to answer the question before, but the member does not want to listen. I have told him repeatedly that we have concern for the public interest at all times when we are dealing with this particularly sensitive issue.

We realize it is a difficult issue. We realize some political parties were never able to come to grips with it. We have chosen to react to protect the interests of the public. We have indicated quite clearly that we intend to proceed to ensure that the public interest is respected because we want to govern. We will proceed to end extra billing for the benefit of the public.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Elston: I am concerned, the Premier and my cabinet colleagues are concerned that the best health care—

Mr. Grossman: There is a crisis out there and the two of them are hiding. They create a severe problem and now they are running away from it.

Mr. Speaker: Order.

Mr. Grossman: Talk about cowards. It is the most cowardly action I have ever seen.

Interjections.

Mr. Speaker: Order. We will now recess for 10 minutes.

The House recessed at 3:01 p.m.

3:11 p.m.

Mr. Rae: I have a question for the Minister of Health. By means of a preamble, if the Tory party is so concerned about the crisis, perhaps it will speed up the bill, stop its filibuster of Bill 94 and get on with the legislation. That would be a useful way for the Tory party to express its concern.

I am rising to ask the minister a question with respect to his statement today on what is taking place. Does the minister not realize that the College of Physicians and Surgeons of Ontario has simply condoned the activities at the Northwestern General Hospital over the weekend and the other partial or practically complete closures of emergency wards that are taking place?

Can the minister tell us why the college did not invoke both the Public Hospitals Act and the Health Disciplines Act in clearly stating that it is grounds for professional misconduct for a member of the medical staff of a hospital to walk off the job without ensuring that another member of the medical staff is filling his or her position? Why did the minister not see that the college made that very clear today in the statement it made to the public?

Hon. Mr. Elston: First, with respect to the preamble on the extended debate, I was unofficially informed not long ago that we will not get out of clause-by-clause examination of this bill today. Perhaps it will come tomorrow, but we are not too certain about that.

I can tell the honourable member that I do not write the statements for the college of physicians and surgeons; it is an arm's-length group. I had a meeting with it, and we discussed our concerns about emergency room closings, myself on behalf of the government and the college on behalf of the body that provides the review for public interest purposes.

The college is interested in the individual situations as a follow-up. It has examined what went on at Northwestern, and it will continue to do so. I can tell the member and members of the public that the college displayed a high degree of activity with respect to the Northwestern situation and was on hand to discuss the matter at that facility last week.

Mr. Rae: I do not think the minister has answered my question. I want him to answer this question because it is important.

Interjections.

Mr. Speaker: Order.

Mr. Davis: Why not ask the Premier (Mr. Peterson)? He might answer.

Mr. Rae: Watching the Tories as the cheerleaders of a strike is a refreshing phenomenon but one that would cause great concern to those patients who are looking to a medical community that will provide them with care. Let us pass the bill and see what the response will be.

The minister is responsible for the administration of a piece of legislation, the Health Disciplines Act. He will know the Health Disciplines Act defines professional misconduct; it says quite specifically that professional misconduct includes a breach by a medical practitioner of a provincial regulation. He will know by looking at the provincial regulation that if a member of the medical staff of a hospital is going to leave or is going to change with respect to his provision of service, he has to notify the administrator and obtain the services of another member of the medical staff. He cannot leave the hospital in the lurch. That is the law of Ontario. Why are the minister and the College of Physicians and Surgeons of Ontario not enforcing the law in Ontario?

Hon. Mr. Elston: The honourable gentleman will probably be pleased to know that we examine each of the situations to ensure there are mechanisms in place to ensure quality of patient care in those hospitals. We have worked very closely with respect to each of the boards in the hospitals where activity has declined on the part of the medical staff. I was at Northwestern last week; perhaps the member opposite was too. We were in a position to see that supervisory staff were in place in that facility. We have understood in talking with board members directly and in reviewing the situation that patient care in that hospital has been and will be maintained.

I think that answers the concern the member has talked about. He is suggesting abandonment, and of course each circumstance has to be met with the individual circumstances of a case. If he has a case, he should let me know; we can refer it, and we will get a ruling on it.

Mr. Rae: The minister still has not answered the question. I want to read the Public Hospitals Act to him. It says, "When a member of the medical staff is unable to perform his duties in the hospital, he shall arrange for another member to perform his duties and notify the administrator." That is set out in section 27 under regulation 865 of the Public Hospitals Act, and there are three

other regulations in that same section that specifically set out similar obligations.

Between nine and 10 this morning the entire staff at the Humber Memorial Hospital notified the deputy administrator that, as far as they were concerned, emergency services would be stopped at four o'clock and minimal services would be provided. Is the minister of the view that this is in compliance with the law of Ontario? If not, what does he intend to do about it?

Hon. Mr. Elston: I can tell the honourable gentleman that there are provisions for services to be provided. That was the essence of his question. He underscored quite clearly that services were going to be provided out there.

I do not know exactly what extra information he may have for me to consider, but the result of the situation at the Northwestern last week indicated quite clearly that all the people who appeared at that emergency room facility were assessed, and treatment was available for those who were in circumstances requiring treatment. That was what the college of physicians and surgeons indicated clearly. It was my understanding as well. If the gentleman has other information, I am prepared to act on it when he makes it available to me.

Mr. Rae: I will provide the minister with this information now. It has already been referred to the college this morning, but I want the minister to know about it.

Mr. Speaker: Is this a new question?

Mr. Rae: It is a new question to the minister. It deals with the question of the withdrawal of services by anaesthetists, specifically at Sunnybrook Medical Centre. A young woman by the name of Birgit Schultz has been waiting for some time for an operation for a cleft palate. We understand that tomorrow is the last day Dr. Ian Munro will be performing surgery. He has agreed to perform the operation. The woman was admitted to Sunnybrook Medical Centre this morning and was advised that the operation could not be performed because the anaesthetists had withdrawn their services.

3:20 p.m.

What does the minister intend to do about a situation where the anaesthetists, who are members of the medical staff, have declared unilaterally that they will not perform services and have not themselves ensured that another member of the medical staff will do the job? That is what is happening in this instance. Why is he not enforcing the law, and why does it have to be raised on a case-by-case basis when there are

many examples of this taking place in the province?

Hon. Mr. Elston: The situation is one that I consider serious. I wish the honourable gentleman could have advised me of it earlier. I hope he will advise me. With respect to the question he has raised, as I understand it that is not an emergency room type of activity. I agree with him quite clearly that it is unfortunate.

With respect to Dr. Munro, we have information indicating there are resources available in Ontario to which we can refer people who have particular situations. I will look at the circumstance to see exactly what we can do about it. I guess the member found out about it relatively late in the day. I am pleased to hear it has been referred to the College of Physicians and Surgeons of Ontario. I will follow up on it myself, and I ask the member to provide me with the details.

Mr. Rae: Is it the view of the minister that any individual anaesthetist can refuse to turn up at work as a member of the medical staff and refuse to perform an operation without complying with the requirements of the Public Hospitals Act with respect to assuring the public and the hospital that an alternative member of the staff is available?

Hon. Mr. Elston: We are talking about questions that deal with elective surgery. I cannot comment on this case as I do not know what went on behind it. I do know that examinations of these cases have generally been made through consultation among the surgeons and anaesthetists. I do not know about this circumstance. With respect, those people are providing services in a situation where it is deemed an emergency or an urgent situation. If the gentleman has further information, I would like him to fill me in so we can take appropriate action.

There is another piece of information that is important. Where circumstances are such that the board determines action is required, it is empowered to take action with respect to people who are unwilling to provide or fulfil their mandates in those hospitals. There are things called bylaws. There are requirements with respect to responsibilities. I believe the boards have acted very responsibly and have done what they can to ensure continuing care.

Mr. Rae: The minister can try to slough it off on the boards, but if he is not willing to see that the act is enforced, I do not see how he can expect the boards of hospitals to be tougher than he himself is willing to be with respect to the disruption of services that are specifically called for in the act. How does the minister feel about

the application of sections 26, 27 and 28, the sections dealing with the need of doctors to continue to maintain services and ensure that an alternative is available?

There is the case of a single male in his mid-20s, a schizophrenic with uncontrolled epilepsy who traditionally is admitted to hospital about 10 to 12 times per year. On Thursday, his doctor at St. Michael's Hospital said he would be available if needed. When the patient called on Friday, the doctor's secretary said the doctor was on strike and would not see the patient. A whole process of panic took place. The patient threatened to kill himself and finally was allowed to attend as an inpatient and was admitted at North York General Hospital. How does the minister feel about that level of service this weekend for this single, 20-year-old schizophrenic with uncontrolled epilepsy?

Hon. Mr. Elston: I am concerned that this sort of event occurred, because the physicians have told me they will provide the service when the service is required. In the vast majority of cases, I believe it will continue. I invite the member to provide me with the details of that circumstance. It will be referred on. We will deal with it.

We will continue to work and deal with the legislation we have. I urge all the members to ensure that we move on and do the clause-by-clause in a most reasonable and expeditious fashion so we can pass the bill and get on other matters. I can tell the honourable gentleman that the circumstances he has outlined should be brought forward to us at the first appropriate opportunity.

Mr. Grossman: I have a question for the Premier. While he winks goodbye to Dr. Munro, I wonder whether he will share with us the following information, on which I am sure he has been briefed as Premier: How many hospitals have had their emergency wards closed today; how many boards of hospitals have resigned; how many medical advisory committees are not functioning; and how many hospitals have cancelled surgery? Surely he will have that information in this critical circumstance.

Hon. Mr. Peterson: The minister can give the up-to-date information on that.

Hon. Mr. Elston: We have some information with respect to the current status—

Mr. Davis: Would the Premier like a bowl and cloth to wash his hands of the whole thing?

Interjections.

Mr. Speaker: Order.

Hon. Mr. Elston: It has been suggested there will be some closures today. I will not give a total rundown, but the member already knows about the ones that are closed; for instance, Northwest General Hospital. There is some suggestion that Peel Memorial Hospital will close at 6 p.m. There are unconfirmed reports that Mississauga Hospital is considering. There is information that Humber Memorial Hospital is considering closing at 4 p.m. I can tell the member that in each of these circumstances, it is my understanding there is going to be a physician available to do the necessary assessment and consider who requires treatment.

We can give further information about others if the member has specific inquiries, and I will be pleased to deliver that to him. However, what we have in place is the ability to meet the needs of the system by referring the patients who are looking for treatment.

Mr. Grossman: This is a scary situation. In day five, not in the first hour, of a prolonged walkout, the Minister of Health cannot tell the people of this province which emergency wards have been closed. If he has the information, we would appreciate it if he would send it across to us. He cannot tell us which medical advisory committees have resigned; they are, after all, the fail-safe mechanism for quality of care in hospitals. He cannot tell us how many boards of directors have resigned, and he does not even know which hospitals in Ontario have cancelled emergency surgery.

Is the minister, in this circumstance, totally devoid of any information that would allow him to prevent a tragedy from occurring, given that his main response is, "Send Murray Elston some information and he will investigate"? Can we have this information with regard to what is happening in the system?

Hon. Mr. Elston: I provided some information with respect to which hospitals have advised—

Mr. Grossman: Send it over.

Hon. Mr. Elston: I could send it all over, but the member would be of no help whatsoever. He has been out there telling people to do whatever they can to resist this bill. He has been spurring on the debate to such a length that he will not even let us get on with the bill.

Ms. Fish: The minister does not know.

Hon. Mr. Elston: I do know; I have lots of information.

Mr. Grossman: The minister does not know what is happening in the system; he has no information.

Hon. Mr. Elston: The member is no help.

Mr. Grossman: Send us the information; we will tell our constituents what is happening over there.

Interjections.

3:30 p.m.

Mr. Speaker: Order. I remind the members they are wasting a lot of other members' time.

IDEA CORP.

Mr. Philip: I have a question of the Chairman of Management Board, a cabinet minister for whom I have a lot of respect. She will be aware that the Manual of Administration, over which she presides, states with regard to senior civil servants that a conflict of interest includes "actual or perceived conflicts and those which have the potential to be actual or perceived." Furthermore, one of the remedies, when someone finds himself or herself in even a potential conflict, is to "temporarily remove the public servant from those responsibilities which cause the conflict."

In all sincerity, does the minister not agree that if she were a public servant and found herself in the position she finds herself in now, she would probably be removed, at least temporarily, until the matter could be resolved? Will she not apply the same standards to herself as she would apply to a senior public servant and step down until the standing committee on public accounts can clarify the potential conflict?

Hon. Ms. Caplan: Let me answer in all sincerity. I believe I am not in contravention of the conflict-of-interest guidelines, and neither is my husband. In fact, I know he has attempted over the past year—and I say this in all sincerity—to adhere scrupulously to those guidelines.

Interjections.

Mr. Speaker: Order.

Mr. Philip: The issue is not whether the minister is in conflict; the issue is whether there is a perceived or potential conflict. That is fairly clear in the Manual of Administration and it does not distinguish.

In the minister's statement she said, "During the entire course of negotiations with the IDEA Corp., my husband's position as a financial consultant was fully disclosed to the staff and to the members of the board." Does she not agree that the reason for conflict-of-interest guidelines

or rules in any Legislature or parliament is not simply that there be a disclosure but that some action be taken?

Why did she have this matter disclosed if there was not at least a potential conflict? Is that not an admission that there was a potential conflict? Why was no action taken on it? Why does the minister not do the honourable thing and step down until the matter has been clarified?

Hon. Ms. Caplan: The IDEA Corp. is an autonomous crown corporation of the government. At the time I was sworn into the cabinet, my husband had a client and he asked if he could continue in his business. He said that from time to time he might have a client who applied to an agency or ministry and he asked under what conditions he was able to work. The conditions were clear and he adhered to them.

He was totally and completely open. He signed an affidavit and he did not receive any benefits from the equity investments IDEA Corp. made. Therefore, I do not believe there is any perception of conflict. The guidelines were adhered to. We have been completely open about this and I do not believe there is any problem.

Mr. Gillies: My question is of the Premier. He will be aware, as any other member of this House is aware, of the developments that have come up in the Caplan affair since Thursday when the House last met. It has now been clearly established that within several weeks of the IDEA Corp.'s \$3-million equity going into Wyda, Mr. Caplan's fee was increased more than 300 per cent by Wyda, from \$2,000 to \$8,000 a month.

The Premier himself has said it does not look good. He has asked Mr. Caplan to sever his relationship with Wyda, but he knows that more is required. The parliamentary convention is that the minister should resign her post until such time as this matter has been adjudicated. Why has the Premier not asked the minister to do the honourable thing and resign?

Hon. Mr. Peterson: There is no question this matter causes me concern, as it causes the member opposite concern. It originally was brought to the attention of the House by the member, who made allegations at that point of some undue influence on the IDEA Corp. I think that was the charge levelled in this House. When I became aware of that, I immediately asked the secretary of cabinet to investigate and to talk to the people involved in the situation to see whether there was any hint of that kind of situation.

On a quick and cursory look at the situation, I came back to the House the next day and said that to the best of my knowledge there was no suggestion of influence being exerted in any way. I reminded the member that IDEA Corp. is independent of the government and the directors were appointed by the previous administration, not by us. I reminded him of all those situations. The people there—the chairman, the president and a variety of others—were prepared to attest there was absolutely no conflict of interest. They were aware of the situation and there was full disclosure.

I shared that with the members of the House, but at the same time I recognized the difference that sometimes exists between reality and perception. I said I had satisfied myself on the basis of what I knew that there was no problem, but I recognized how others could perceive this. As a result, I said to the member last Thursday that to satisfy himself, we would have an investigation of this matter by the standing committee on public accounts. He could call anyone he wants to call, including the minister, her husband, me and the IDEA Corp. and satisfy himself of the facts.

As I said to the member, my assessment on the basis of what I knew was that, *prima facie*, there was no undue influence or any influence whatever exerted on anyone. There was complete disclosure; in fact, there was no conflict. That is why I came back to the member and said what I did. That may not reflect his view or the view of the third party, but I have told the member, on the basis of the facts as I know them, that is how I see the situation.

Mr. Gillies: We welcome the opportunity for the standing committee on public accounts to consider this, but the Premier has said many times over the past year that he wants to set new standards for government conduct. What is the standard? The existing standard in this Legislature and every other chamber in the country has been that when there are serious allegations and compelling evidence of this type, the minister must resign.

I draw the Premier's attention to four resignations since January 1 of this year: Sinclair Stevens in Ottawa; Billy-Joe MacLean, the Nova Scotia Minister of Culture, Recreation and Fitness, who resigned in April of this year in very similar circumstances; Stephen Rogers, the Minister of Health of British Columbia; and Tom Waterland, the Minister of Forests in British Columbia. They all resigned because of apparent

conflicts that had to be adjudicated by their governments.

Why would the Premier not set at least the same standard of conduct for his ministers and require the minister's resignation, as is being done in every other jurisdiction in the country?

Hon. Mr. Peterson: I appreciate the point of the member, but there is nothing to prevent him or any other member of this House from standing up on any occasion and accusing someone else of a conflict of interest. That is one of the realities of public life. People in public life are accused of all sorts of things. I looked very carefully at the facts of the situation and there are always very hard judgement calls to make in these situations. If there is a *prima facie* case—

Interjections.

Mr. Speaker: Order.

Hon. Mr. Peterson: There are charges regularly. If the members of the Conservative Party had resigned every time we alleged a conflict of interest, there would never have been a cabinet in the previous government.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Peterson: These things happen.

Mr. Speaker: Order.

Hon. Mr. Peterson: I am trying to answer the question, Mr. Speaker. When people's in-laws are awarded a lottery licence and things such as that, we ask ourselves whether there should be an immediate resignation. I am sharing with my friends opposite the difficulty of making the judgements with which I am most uncomfortable. I looked at the facts and my sense was that there was no conflict and no undue influence being exerted.

Subject to the advice of this House, obviously, we have said: "Look at this on a nonpartisan basis. Put it before the standing committee on public accounts. Do that expeditiously." I again invite members to take advantage of this.

Interjections.

Mr. Speaker: Order.

3:40 p.m.

OCCUPATIONAL HEALTH AND SAFETY

Mr. Martel: I have a new question for the minister responsible for the swamp, the Minister of Labour. On May 13 I asked the minister a question concerning the death of Francis Spurgeon who was killed on November 19, 1985, when he was run over by an asphalt truck.

I asked: "Is the minister aware that at the inquest, held on May 7, 1986, evidence was presented that indicated the death was the result of the violation of the Occupational Health and Safety Act, regulation 130, for construction sites? The truck backed up without a signalman to direct it, and there was no signalman assigned to the work site. Why, when the minister's inspector wrote the report on the order after the death, was that order also ignored?" The minister said he would have a response perhaps within the next 49 minutes.

Since the 49 minutes have long passed, can the minister tell me if the order issued against Bennet Construction has now been complied with?

Hon. Mr. Wrye: The honourable member will know that the company in question was involved in a work site in Oshawa. I believe there was no indication the order was not complied with. At the time the inspector went back to that work site in January 1986, Bennet Construction was no longer present on the work site. We attempted to get in touch with the health and safety representative for the Canadian Union of Public Employees because part of this whole matter was as a result of a letter from Mr. Lambert. I am sure the member has a copy of it. Mr. Lambert indicated in his letter that he had no specific information regarding the continued failure of Bennet Construction to provide that kind of safety flagman.

Mr. Martel: I have a more recent letter dated June 2, 1986, from Mr. Colin Lambert, and he is asking that prosecutions be initiated because the company did not provide a signalman to back up the truck, ignored the original order of the Ministry of Labour and refused to provide adequate training for employees. Can the minister tell me when he is going to make a decision about whether there will be a prosecution in the death of that worker for a violation of section 130 of the construction safety regulations of the Occupational Health and Safety Act? When is he going to move?

Hon. Mr. Wrye: We are back to the same kind of game and it really is rather a silly game the member insists on playing. This is a very serious occurrence and the matter is proceeding through the proper channels, and that will be from the inspection report up to the director of the branch, through a number of other steps, and ultimately a decision will be made as to whether we will prosecute. There is a 12-month limitation on prosecutions.

Other than to stand up and ask questions day after day, I am not certain why this honourable

member insists on asking whether prosecutions are going to be undertaken literally within hours of a work place incident. We take these obligations very seriously, particularly as they pertain to fatalities, and if a prosecution is called for, a prosecution will be launched.

Mr. Martel: Back to the swamp. How long does it take for a Highway Traffic Act violation?

Mr. Speaker: Order.

SENIOR CITIZENS' SERVICES

Ms. Hart: My question is to the Minister without Portfolio with responsibility for senior citizens. In the white paper which the minister recently tabled, he informed all members he would be reviewing extended care facilities and would subsequently introduce new legislation. What type of review process is the minister considering?

Hon. Mr. Van Horne: We perceive that the process of rationalizing extended care is going to be a very complex process, because we intend to review inspection services, programming, staffing, quality of care, physical plant standards, and also—another two additional very significant factors—there is a need to assess the funding system to make it more uniform, and beyond that, the whole process of patient assessment and placement needs review.

To do this, we will be talking with the various providers, including the Ontario Nursing Home Association and the Ontario Association of Homes for the Aged. We will also be talking with such advocacy groups as the Concerned Friends of Ontario Citizens in Care Facilities, the United Senior Citizens of Ontario, and because we are dealing not only with nursing homes of the for-profit variety but also the charitable and municipal homes, we will be dealing with the Association of Municipalities of Ontario.

Ms. Hart: There are a great many seniors in the riding of York East, and they are very interested to know approximately how long it will be before we see any introduction of legislation in this regard.

Hon. Mr. Van Horne: I am sure all members will recall the very long time it took to come up with the revision to the Child and Family Services Act. It took many years to accomplish that. The reform of the Family Law Act took a long time.

Our schedule is that we will consult with the various advocacy and provider groups, starting in August. We hope that consultation will be complete by late fall; if not, then certainly before

Christmas. Then the process of rewriting will begin, and we hope to do that as quickly as we can in early 1987.

ROMAN CATHOLIC SECONDARY SCHOOLS

Mr. Rowe: I have a question for the Minister of Education. Over the past 10 years, the population in the town of Bradford has more than doubled. The Simcoe County Board of Education has had a new Bradford public school as a top priority item for some time now. Ministry officials deemed the elementary separate school necessary to fund, which was number three in the separate board's priority list. What rationale did they provide in not recommending funding for the public school request, which was the number one priority in the whole county of Simcoe?

Hon. Mr. Conway: The honourable member will know from a previous conversation that the criterion was enrolment growth, which was determined by the regional office to be great in both Simcoe county boards but, in the Bradford area, greater in the separate board. As the member will know from talking to me and from listening to his colleague the member for York Mills (Miss Stephenson), the Ministry of Education tries to respond as best it can to the capital needs of the Ontario school sector, and this government, under the able leadership of the Treasurer (Mr. Nixon), has substantially increased the capital grants to the school boards of Ontario in both last year's budget and this year's allocation.

Mr. Rowe: The educational needs as perceived by the local elected school board trustees seem to have no credibility in the decision-making process the minister is currently following. Will he give this house the assurance that an overcrowded, 33-year-old public school with eight classrooms and seven portables is not acceptable by today's standards and that he will immediately move to correct this most serious situation in Bradford?

Hon. Mr. Conway: I very sincerely appreciate the concern the member has expressed to me, both by letter and in oral communication, about his constituents in that part of south Simcoe. I will do everything I can to alleviate the pressures that he and his colleagues on the Simcoe County Board of Education have identified. However, as the member knows, we have a capital allocation process that, in my view, works rather well, by and large. We always need more money. It is my job to continue to fight with my colleagues to ensure that money is made available.

I want to repeat, at the risk of being slightly self congratulatory, that in that respect I have been more successful by a considerable degree than any of the honourable member's colleagues.

3:50 p.m.

BRIDGE REMOVAL

Mr. Laughren: I have a question for the Minister of Natural Resources concerning the removal of bridges along the Shabotic River near White River in northern Ontario. The minister may recall that my colleagues the member for Lake Nipigon (Mr. Pouliot) and the member for Algoma (Mr. Wildman), both of whom are in their ridings today, raised this issue with the minister, and the minister promised to consult with them further before anything was done. Then this morning crews appeared at the bridges to demolish them, only to find that they had been occupied by local people.

Why did the minister proceed after he had promised to consult with my colleagues, knowing full well the detrimental effect that the removal of those bridges would have on local hunters and fishermen and the local tourist industry?

Hon. Mr. Kerrio: Consultation has been a very high priority of this government, and I did discuss the bridges with the two gentlemen. I have a report from our engineering staff in the area which indicates that the bridges were built of timber 25 or 28 years ago and are no longer structurally sound. I have a great deal of concern, and the member can understand with insurance rates and the kinds of things that are happening in the province today relating to accidents, that the ministry feels they are unsafe and should be removed. We are doing something, where we can, to produce a culvert and an access to one of the areas. This need not have been done, but we were considering it.

I talked to the honourable gentlemen and I had hoped they understood that, after investigating, we found out we were having a serious problem in maintaining those bridges.

Mr. Laughren: What a silly response. The minister knows those bridges have deteriorated because his ministry has allowed them to deteriorate. Why will he not put adequate resources into maintaining those bridges so that people can travel on them? There are tourist operators in the area who claim that up to 25 per cent of their income will go down the tube unless those bridges are maintained. Why has the minister not consulted more widely with the local

people, not to mention having broken his word to my colleagues from Lake Nipigon and Algoma?

Hon. Mr. Kerrio: I would accept part of this question, but I cannot accept the fact that I broke my word with the honourable members. This determination was made back in May, and I stopped it from happening because I was discussing the possible alternatives with my ministry.

If a bridge made from untreated timbers is 28 years old, it poses a very serious hazard to the public. If we have to look at them and decide whether they are going to be needed in the future, it seems to me they are not, other than being on side roads, going to be kept up, because we have all kinds of involvement in maintaining the main roads in that area. We are in the process of doing this and we are giving good access up to a point.

However, I am certain the honourable member would not accept that the government should maintain many bridges that were built years ago for a different purpose, are no longer needed and are now a tremendous danger to the public.

DAY CARE

Mr. Cousens: Instead of asking the Premier (Mr. Peterson) this question, because I know he would divert it to his minister, I will ask the Minister of Community and Social Services. It is a very important question that affects a lot of children and young people.

What action has the minister taken to resolve the current strike at the Children's Aid Society of Metropolitan Toronto?

Hon. Mr. Sweeney: Three children's aid societies are negotiating at the present time. The Catholic Children's Aid Society of Metropolitan Toronto is expected to take a vote today. The Jewish Family and Child Service of Metropolitan Toronto is expected to take a vote in about two weeks. We have reason to believe that both of those will be satisfactory.

As the member well knows, however, the Metro children's aid society took a vote last Wednesday, decided to go on strike on Thursday and has been on strike since then. There are in excess of 100 management nonunion members who are carrying out all the important functions and taking children into care. Our office is monitoring that very carefully. To this point, we have no reason to believe that the children who need special care are not getting it.

Mr. Cousens: The whole world knows that more than 12,000 children are served by the Metro children's aid society and that they are being served by only a few management people.

Does the minister not consider this to be a crisis that requires his direct intervention? He cannot just stand by and let other people do things. It is time to get involved. Does he not agree this is a crisis that requires his involvement?

Hon. Mr. Sweeney: I would not agree it is a crisis situation. I would rather agree that the members of the Metro children's aid society staff who are not on strike are managing the needs at the present time.

I also point out that a children's aid society is an independent, autonomous body. We were asked very clearly by the board of directors and by the chairman not to intervene, that their negotiating process had to be carried forward. Therefore, I have clearly indicated that I would not intervene.

IDEA CORP.

Hon. Ms. Caplan: On a point of privilege, Mr. Speaker: In recent days, questions have been raised about the financial transactions made by my husband, Wilfred Caplan, and the Wyda corporation and about how these transactions may in some way have breached the conflict-of-interest guidelines of this new government.

Today and on Thursday last week, I endeavoured to state very clearly what actually took place in these matters, and I can assure all honourable members that I have, to the very best of my knowledge, put all relevant information before this assembly.

My husband and I have spoken with the Premier (Mr. Peterson) and assured him that we believe our conduct has been consistent with government policy in this very sensitive area.

Regrettably, this afternoon I have taken note of the fact that honourable members in the opposition do not appear to accept what I have put before them. That being the case, I feel I cannot carry on my responsibilities as a minister of the crown. Therefore, I have tendered my resignation to the Premier pending an independent examination of this matter.

I deeply regret any embarrassment I have caused my colleagues in government. I am very confident I will be vindicated when the inquiry is concluded, and I hope perhaps I will be able to serve in the future.

Hon. Mr. Nixon: On a point of order, Mr. Speaker: I should inform the House that I intend to move, as the first order of business this afternoon, the following resolution:

That the matter of the alleged conflict of interest concerning the Honourable Elinor Caplan be referred to the standing committee on

public accounts for its immediate consideration by the committee and report of its findings.

REPORT BY COMMITTEE

STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Mr. R. F. Johnston from the standing committee on social development presented the following report and moved its adoption:

Your committee begs leave to report the following bill, as amended:

Bill 30, An Act to amend the Education Act.

4 p.m.

Mr. Speaker: I understand the member has a few brief comments.

Mr. R. F. Johnston: Bill 30 has taken a lot of the time of the standing committee on social development during the past year. I want to thank and commend all members of that committee for the very hard work they undertook and the incredibly long hours of public hearings they underwent through the summer and fall last year.

I note somewhat ironically that we completed our work on clause-by-clause two years to the day after then-Premier Davis introduced the legislation. I would have hoped some members of the House might have been interested in that fact.

Mr. Speaker: I am sorry to interrupt you, but there are quite a number of conversations and it is most difficult to hear.

Are there any further comments?

Mr. R. F. Johnston: No.

Mr. Speaker: Shall the bill be ordered for third reading?

Some hon. members: No.

Mr. Speaker: If there is disagreement, it must go to committee of the whole House.

Hon. Mr. Nixon: On a point of order, Mr. Speaker: It is fine for people to murmur "no" and so on, but there are House leaders here and perhaps we could have their views. There is no sense in sending it to committee unless there is to be further debate and amendment. If there is going to be just debate without amendment, it can go to third reading.

Mr. Speaker: I will again put the question. Shall the bill be ordered for third reading?

Some hon. members: No.

Mr. Speaker: Committee of the whole House.

Mr. McClellan: Let the record show that the Conservative Party has broken its agreement.

Interjections.

Mr. Speaker: Order. I placed the question to the House. There was not unanimous consent; therefore, it goes to committee of the whole House.

Mr. Harris: On a point of order, Mr. Speaker: There has been an allegation that the Conservative Party has broken some agreement. We have not broken any agreement. In view of your insistence on dealing with this and not giving us two seconds to communicate, I believe the answer you heard from our party was correct. If you would like to stand it down to give us time to look at it and deal with it later, we would be prepared to do that.

Mr. Speaker: I have some difficulty in standing it down. The question is before the House. Is it possible to stand it down?

Mr. McClellan: It is always possible to do whatever we want. We can seek unanimous consent to do whatever we want.

Mr. Speaker: I appreciate that. There has been a suggestion by the member for Nipissing that this matter be stood down. Is there unanimous consent?

Agreed to.

Mr. Sterling: On a point of order, Mr. Speaker: I would like to know when it will be raised again. Will it be raised after the routine proceedings tomorrow?

An hon. member: Check with your House leader.

Mr. Laughren: Problems in caucus.

Mr. Speaker: Order. With respect, I believe that will be dealt with and announced by the government House leader.

Mr. Sterling: On a point of order, Mr. Speaker: It is my intention to introduce amendments on Bill 30 in committee of the whole House. There is no sense in not putting it into the committee of the whole House. I understood it was going to be put into the committee of the whole House—

Mr. Speaker: Order. With respect, the matter has been stood down. It will come up again in the House to decide where it will go. Therefore, there is no need to discuss it further at present.

Mr. Sterling: I have a point of order.

Mr. Speaker: What is your point of order?

Mr. Sterling: I am opposed to standing it down.

Mr. Speaker: I asked for unanimous consent and I got unanimous consent. I placed the

question before the House. There was unanimous consent. I have to go by that.

INTRODUCTION OF BILL

EDUCATION AMENDMENT ACT

Mr. Grande moved first reading of Bill 80, An Act to amend the Education Act.

Motion agreed to.

Mr. Grande: The purpose of the bill is to provide for heritage language instruction in Ontario. The bill sets forth a procedure for the establishment of heritage language programs in order that a heritage language may be taught as a subject or language of instruction.

When a school board decides to institute a heritage language program, the bill requires that a local heritage language advisory committee be established to provide continuing advice to the board concerning the nature and content of the heritage language program. In the case of a dispute between the board and the advisory committee, the bill provides that the matter in dispute may be referred to the minister for determination.

TABLING OF INFORMATION

Mr. Bernier: Before the orders of the day, I rise on a point of privilege. On many occasions we have been told that this government is open and has no walls or barriers. On December 9, 1985, I placed a question on the Orders and Notices paper. I received an interim reply on December 20. I was told the final reply would reach me by February 28, 1986. It is now six months since I tabled that question and there has been no response. Mr. Speaker, would you please intervene on my behalf?

Mr. Speaker: First, I would inform the member that is not a point of privilege; it is a point of order. I am sure the government House leader will take note of the request.

ALLEGED CONFLICT OF INTEREST

Hon. Mr. Nixon: I have been informed by our parliamentary adviser, the Clerk, that it would be in order for me to move the following resolution.

Mr. Speaker: Hon. Mr. Nixon moves the following resolution:

That the matter of the alleged conflict of interest concerning the Honourable Elinor Caplan be referred to the standing committee on public accounts for immediate consideration by the committee and report of its findings.

Hon. Mr. Nixon: I will speak after everyone else if there is a debate.

Mr. Harris: We intend to support the motion. I draw to the attention of the House the referral "to the standing committee on public accounts for immediate consideration by the committee." I indicate to the Legislature that the committee, as is the case with all committees, will itself consider the order of business it deals with. I have no difficulty with the direction coming from the Legislature, but I do not believe the Legislature can direct the committee as to what it will do and when.

Mr. Polesinelli: Yes, we can.

Hon. Mr. Nixon: We are the one body that can.

Mr. Harris: I suggest that is not the case. Notwithstanding that, we are comfortable supporting the resolution with that understanding.

4:10 p.m.

Mr. McClellan: On behalf of my colleagues in the New Democratic Party, I want to say we feel the government has done the right thing with this referral. We also feel the minister has done the right and very courageous thing by resigning pending the outcome of the investigation.

I say to the government House leader and the opposition House leader that we would expect there would be a speedy investigation into this matter. While the opposition House leader has indicated correctly that the committee does set its own timetable, I am sure all members of the committee will want to reschedule the work of the standing committee on public accounts so this matter is dealt with expeditiously.

Hon. Mr. Nixon: I appreciate the comments made by the other two House leaders. However, I disagree with the opposition House leader in one respect. I believe this is the only body that can direct a committee on what its work should be; in fact, the committee is an extension of this House, and if by our vote we tell the committee to take up the matter forthwith, then I believe it does not have any choice.

There was some consideration as we were considering the motion that a time limit should be put on it because we do not want it to go on in any extended way, although in every respect we feel the committee ought to have the opportunity to order its own business once it takes this subject to its consideration.

On that basis, I hope that the House will give unanimous support for the resolution and that the committee will consider it its duty to proceed without delay. The committee may decide it should have additional sittings and the House leaders and whips may be able to provide that

time, even though our schedule is extremely busy, as we all know.

Motion agreed to.

ORDERS OF THE DAY

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Chairman: When we last left Bill 94, apparently all discussion had been completed regarding section 4. The question now is, shall section 4, as amended, carry?

5:18 p.m.

The committee divided on whether section 4, as amended, should stand as part of the bill, which was agreed to on the following vote:

Ayes 61; nays 32.

Mr. Chairman: Hon. Mr. Elston moves that the bill be amended by adding the following sections:

"4a. The Lieutenant Governor in Council may make a regulation prescribing the administrative charge for the purpose of subsection 3a(2).

"4b.(1) Subsection 8(1) of the Health Insurance Act, being chapter 197 of the Revised Statutes of Ontario, 1980, is amended by striking out 'and not more than nine' in the second and third lines.

"(2) Clause 44(2)(a) of the said act is amended by inserting after 'act' in the first line 'the Health Care Accessibility Act, 1986.'"

Hon. Mr. Elston: The first section is to allow the Lieutenant Governor to set an administrative charge in his discretion with respect to the costs that are incurred with respect to the administrative mechanism under section 3a which, as earlier passed, is an amendment to the bill.

Section 4b, which deals with the Health Insurance Act, allows us some housekeeping. It allows us to remove the upper limits on the number of members under the Health Services Appeal Board and to add the Health Care Accessibility Act to clause 44(2)(a) of the act.

These are matters that are required to place effect to the legislation.

Mr. Chairman: Before the member for Lincoln (Mr. Andrewes) starts, will the members please either take their seats or remove themselves from the chamber. Please do not stand

around talking, because the noise level is very high.

Is the member for Bellwoods (Mr. McClellan) speaking to this motion?

Mr. McClellan: No.

Mr. Chairman: All right. The member for Oakville (Mr. O'Connor) is standing right beside the member who is trying to speak.

Mr. Andrewes: Can the minister tell us specifically what the administrative fee covers?

Hon. Mr. Elston: It is a gathering of the information required to make a judgement as to whether there should be a holdback with respect to the disbursements that would normally be made.

Mr. Andrewes: I am not sure I quite understood the response. I sense the minister is saying the administrative fee covers the gathering of information to support the action taken by the general manager, as set out in section 3.

Our concern with this section is that it is somewhat vague. It allows the Lieutenant Governor in Council to make regulations prescribing the administrative charges for the purposes of subsection 3a(2). In making those regulations, there should be some opportunity for those who would be paying those administrative charges to know what the charges are for.

This is not a new concern that is specifically alluded to in this legislation. It is a concern that many of us have had brought to our attention on other matters relating to government administration. Specifically, the permissive manner in which the section allows the Lieutenant Governor in Council to make regulations may open the door for activity that could be punitive in the view of those who will be required to pay these fees.

In a past amendment, the minister saw fit to reduce the fine from the original \$10,000 level to a more specific \$250 level on first offence or whatever; I guess "offence" is the wrong terminology, and I am surprised I am not being called to order. However, that is what the amendment did. It is not clear in this section whether the punitive intent of the fine is replaced by some other mechanism to suitably punish the practitioner being called to task by this amendment.

We have an amendment that we would like to propose to this amendment.

Hon. Mr. Elston: The member never bothered telling us about it, did he?

Mr. Andrewes: I gave the minister a copy of the amendment. I am not sure whether the table has a copy.

Hon. Mr. Elston: The member did not give us much notice.

Mr. Andrewes: There was about as much notice as we had on some of the amendments the minister brought in.

Hon. Mr. Elston: He has had all this stuff for a long time. He changed his mind, did he not?

Mr. Andrewes: I remind the minister that clause-by-clause study of Bills 54 and 55—

Hon. Mr. Elston: This bill was going to be carried this afternoon in committee.

Mr. Chairman: Order, the minister and the member for Lincoln. Does the member have copies for other people? Does the minister have a copy now?

Mr. Andrewes: Yes, he does.

Mr. Chairman: Does the third party have a copy?

Mr. Andrewes: I believe it does.

Mr. D. S. Cooke: I do not.

Mr. Andrewes: One was left on his desk. If it is not there, I have a second copy.

Mr. D. S. Cooke: I have it.

Mr. Chairman: The member for Windsor-Riverside has it.

Mr. Andrewes moves that section 4a be amended by adding thereto, "such charges not to exceed \$150."

Mr. Andrewes: The amendment expresses directionally our concern that the regulation should not be open-ended in terms of setting administrative fees that might be punitive. We have considered what might be a practical level for these administrative fees to reach. If others disagree with \$150 being a practical level, I will be glad to hear from them. In our view, it is a reasonable and reasoned figure, which we would like to include in this amendment.

We have expressed our concerns relative to the section. I am prepared to answer questions regarding the amendment.

Mr. Chairman: The member for York East.

Mr. Cousens: It is York Centre, Mr. Chairman, and I appreciate your concern.

Mr. Mancini: How long have those two known each other?

Mr. Cousens: Long enough to respect each other.

Hon. Mr. Elston: Will he respect him in the morning?

Mr. Cousens: Thank you. The concern that pervades the whole House at present is that something is going on outside this House and that

what is going on in the House is not important, but it is. Some people would have us rush through this legislation without considering the details in intricate discussion and understanding.

5:30 p.m.

I have a feeling that if the letter of the member for York South (Mr. Rae) that was sent to our leader today were understood, he would like to have all this out of the way so everything would be harmonious. The doctors who were locked out of the Legislature today would not have to be locked out, the legislation would be passed, the people of this province could go on and things would get back to being just fine. That is not true. The government, with the support of the honourable members of the third party, has started a war on the health care system of our province, which is undermining it in a way we have never seen happen in this province before and has never—

Mr. D. S. Cooke: What has that got to do with it?

Mr. Cousens: It has a lot to do with it because it has to do with the very spirit of what this punitive bill is talking about.

Mr. Chairman: Order. The member for York Centre knows he is straying from the amendment of the member for Lincoln.

Mr. Cousens: I will challenge the chair if you are going to keep interrupting me, because I have strong feelings.

Mr. Mancini: Just a minute ago, the member said he respected the chair.

Mr. Cousens: I said I will—if.

I am concerned. A number of points go behind this amendment, which has been placed by the member for Lincoln. When it says not to exceed \$150, it has to do with the spirit of this bill and the punitive nature which the government—

Mr. Martel: Challenge the chair.

Mr. Cousens: I am surprised the member for Sudbury East (Mr. Martel), who is a nice, good-hearted person, would be party to this type of action against a group of people such as the doctors. If this were to be done to any other labour group in Ontario, if it were to be done to the Canadian Auto Workers or some other union of which he is very supportive—

Mr. Chairman: Order. The member for York Centre will please address the chair. The member for Sudbury East will please not interrupt; the member for Essex South (Mr. Mancini) also.

An hon. member: The member's government sent labour leaders to jail.

Mr. Chairman: Order.

Mr. Cousens: The last thing I want to see is any more in jail. We can hardly handle the number of people there now. One more would be too many.

Mr. Chairman: The member for Hamilton East (Mr. Mackenzie) is not in his seat.

Mr. Cousens: The decision before this House today is part of an overall picture of what the people in our province are seeing happen, where the government is asking for control over a profession which can take them further than anyone would even know or think of at present. There have to be limits to that, and the limits have to be put in legislation.

The spirit of vindictiveness that is party to the actions by the Minister of Health (Mr. Elston) and the Premier (Mr. Peterson), being supported by the members of the third party, is of great concern to the people of this province. I do not want to see people taking sides on issues. We in this House should be able to discuss intelligently and clearly the issues that are before us. We are very concerned that this legislation—and there are so many aspects to it—is undermining the long-term benefits we have come to respect and appreciate in Ontario. The fact that we are trying to narrow it down, limit it and control the government excesses is something we believe is a responsible action.

This legislation is too important to try to speed through or to push on. I know some people would like to be out of here and off on summer holidays. I happen to know that the members of the Progressive Conservative Party are prepared to stay here as long as it takes us to deal with this section.

Mr. Chairman: Order. The member is straying. The member must address himself to section 4a.

Mr. Cousens: I do not appreciate your interruptions.

Mr. Chairman: I cannot help whether you appreciate them or not. You must stay in order and speak to the amendment.

Mr. Cousens: I am speaking to it. My whole theme ties into what this bill is all about. We are talking about the limits that are being placed on doctors by this bill and by the amendment that has been laid out here by the Minister of Health. If we are not able to talk about it in this House, then there is something seriously wrong. This is where democracy begins, and we have to stand up for it. This is where it counts, and I do not

appreciate the fact that you are saying I am steering away from the bill. I am talking—

Mr. Chairman: No. You are steering away from the amendment, and that is what must be discussed.

Mr. Cousens: This amendment is implicit to the whole problem of the bill. The amendment is part of it and the bill is an even larger part.

Mr. Chairman: I am sorry. You must restrict yourself to discussion of section 4a and the amendment of the amendment of the member for Lincoln.

Mr. Cousens: I have that before me. I know what I am talking about.

Mr. Chairman: It must tie in with that.

Mr. Cousens: I am talking about government control of a profession. I am talking about the outrage that, if we do not have this amendment placed and agreed to in this House, it will further erode the whole relationship that has existed until now between our government and our professional people, especially our doctors.

If we do not see this amendment carry, we could see this government bring in further punitive legislation that would affect other professions. In the meantime, we are concerned with what it does to doctors. It treats them in a way they have never been treated before and in a way that says we do not care how much it is going to be; it could be any amount of money.

Let me give the members an example of an administrative charge that was levied recently. Not too long ago in conversations between the Ontario Medical Association and the Minister of Health, the doctors asked for data on their services. These data are available in a computer readout that gives doctors an understanding of how many different kinds of services they provide, what they are billing for, who they are serving and the kinds of services that are being offered in their offices compared with other doctors' offices across the province. That very simple computer readout, comparing one doctor to the average or norm across the province, bears a charge of \$50. The minister is charging \$50 for that readout.

It is that kind of prejudgement of an administrative cost which comes down from someone in the civil service or that goes up to the minister—the minister probably does not even know of the service I am talking about, which is being provided through the Ontario health insurance plan to the doctors. Doctors are being charged for a service from OHIP. They have asked for and are getting it, but the charge is \$50.

When someone comes along and levies a bill for services, there is not a lot of discussion of it. The discussion should happen now, prior to when someone comes along to Queen's Park and says, "Here is what you are going to have to pay." It is up to us as responsible legislators to be concerned that the action that will follow from this legislation is not punitive or counterproductive and is not going to hurt further the relationship between the province and our doctors.

The charges that are being levied and everything else the government does are getting out of line. Just in the past couple of weeks, the Minister of Natural Resources (Mr. Kerrio) has had to reverse one of his earlier decisions on the charges that were going to be given—

Mr. D. S. Cooke: On a point of order, Mr. Chairman: I understand the degree of feeling of this member, but it might be helpful to the debate if he would understand—and it is my understanding—that both the other parties are going to support this amendment. Let us vote on the Tory amendment and get on with the bill. Why filibuster?

Mr. Chairman: That is not a proper point of order. In his debate the member was talking about administrative charges, and he was on point until he entered into a discussion of the Ministry of Natural Resources. There, he was getting away.

Mr. Cousens: It was an illustration, and I ask the indulgence of the Chairman, who has the best interests of the House in mind in that interruption. May I comment very briefly on that point of order?

Mr. Chairman: No. There is no need to comment on an interruption.

Mr. Cousens: If the members of the third party are going to support this amendment, that is news to me, and I will be very pleased to see them do so.

I would also like to know why the member for Windsor-Riverside uses such words to describe my speech. In so doing he is taking upon himself a form of judgement that he is not capable of making and is certainly not respectful of the office we all have in this House.

I was referring to an illustration in which the government came along with a charge for seniors in camps during the summertime and then, after reaction by seniors in Ontario, had to reverse it. Last week the Minister of Natural Resources said, "Oh well, in the light of the reaction and the lateness of the decision and because so many

people are concerned, we are not going to be charging what we said we would." In the meantime, the charge fuelled the concern and alarm of many people who were anxious because of the arbitrary way those charges were being laid down by the Minister of Natural Resources.

5:40 p.m.

That is the kind of thing that can happen in the Ministry of Health, and now there will be no one to police them. They will be free to do whatever they want. The New Democratic Party cannot police it. The other ministers will not be able to police it. Elinor Caplan will not be able to police it.

Hon. Mr. Elston: Oh, come on.

Mr. Chairman: The member should refer to members by their riding or their ministry.

Mr. Mancini: That was really clever.

Mr. Cousens: I just ask, who is there honourable enough to police the situation? Unless we have certain restrictions in this House delineated, defined and understood by us all, we are leaving ourselves open to a government that can levy any penalties or charges on a profession it has already tried to shove into the ground, one to which it has already tried to say, "We do not trust you."

That is part of the reason the doctors were parading up Queen's Park today: to protest their grievance against a government that has ceased to communicate with them. There is a breakdown in trust. The government is not willing to have a mediator to work things out. There would not be a mediator on the charges that could be levied by the Lieutenant Governor in Council.

Now is the time to define that kind of thing. I find it quite reprehensible for a government that said it wanted to be open, that last year came along and had the swearing-in ceremony of its cabinet ministers on the steps of the Legislature, to close down the thinking in this bill so that there cannot be any discussion. It is not worthy of the words that have been spoken by the powers that be.

We are seeing the opportunity for punitive action against the medical profession once it withdraws from working to rule. There could well be action taken against that profession by a government that has been bruised through all the negotiations that have broken down. Instead of taking it out on itself through responsible action, it will take it out on the doctors. They are doing it now with other professions, so why not do it there?

We are seeing a government that wants supreme control in legislation that will allow it to do what it wants, when it wants and how it wants, without any deference to rules or guidelines. In this amendment we are asking for some guidelines, some limits, some common sense. The problem we are dealing with is a bill that is going far beyond anything we have seen before in the medical system in this province or even in the jurisdiction of Canada. We are seeing a government that says, "It will be our way and only our way."

There is no freedom for our doctors. We are moving into a socialized state of medicine not unlike what one sees in Britain. If the minister shakes his head the other way, I am saying to him, we are. That is the hurt that is going to be done to our system, because neither this government nor any government is going to be able to fund the quality health care system we have been able to have up until now. It not only will not fund it but will lower the morale as well; it will separate itself from the professional bodies that provide that health care system. It is a further aggravation to what would be progress or would be seen as progress or a continuation of a working relationship.

The administrative control and the administrative charges we are talking about in this give supreme control to the government, more supremacy across the way. I do not go for that kind of control in the hands of anyone. It should be distributed; it should be understood. It is good to have a relationship that has a balance between those who are going to be involved in the discussions and the debate and those who are laying out the rules. Right now, only one group is laying out the rules.

I suppose it is fuelled by support from the third party, but the government is not even prepared to talk during question period about the background to some of the causes of this bill. Unfortunately, the Premier is backing off from all questions. He does not face up to the challenges being put before him by the Leader of the Opposition (Mr. Grossman).

We will be coming into this House with abuses to section 4 of this bill, because there will be grievances against this that we will have to face.

Mr. Breagh: On a point of order, Mr. Chairman: Would it be out of order for me to refer to the member as a pompous hypocrite?

Mr. Chairman: It would not be in order and the member will withdraw it.

Mr. Breagh: That is a pity.

Mr. Chairman: Will the member for Oshawa please withdraw?

Mr. Breagh: I just asked you a simple straightforward question, sir. I asked, "Would it be?" You said it would, and I said it was a pity.

Mr. Chairman: No. The use of those words is disruptive and insulting in their intent. Will you please withdraw those words?

Mr. Breagh: Certainly.

Mr. Chairman: Thank you. Member for York Centre, will you please remain closer to the amendment.

Mr. Cousens: I thank you, Mr. Chairman, and I thank the member for Oshawa for at least listening, though not understanding, the issues before this House. He does not appreciate the grave problems that are being brought on the province because of the unusual behaviour of his party, his leaders and this government.

Mr. Breagh: On a point of order, Mr. Chairman: The reason those unparliamentary words did spring into my mind this afternoon is that my friend Lucie Nicholson was on her way to jail about an hour and a half after his government decided the hospital workers were not allowed to strike.

Mr. Chairman: That is not an appropriate point of order.

Mr. Cousens: If we may speak to the bill and the amendment before us, we should understand that we are asking for certain limits to government. In this amendment we are saying, "such charges not to exceed \$150." We are asking for a level of responsibility on the part of the government that is placed in legislation and not just in the hearts and minds of certain people in this House. We are asking that it be delineated and defined so everyone knows exactly what those fines are going to be. If the member says that does not make sense, I do not know where he is coming from.

I believe it is for us to come along and stand up for what we believe in. If some people say we should not, that is a different problem. I happen to believe the amendment put before this House by the member for Lincoln speaks very clearly to what government's role can be in the future. It should not be unlimited. It should have some way in which there are limits, and that is why there is great sense to this amendment.

We are facing a state system of medical care in this province that is controlled by a few people in the Ministry of Health. No longer will doctors make decisions that have to do with that relationship, because the doctor is going to be

expected to provide certain forms of care and attention, possibly under certain guidelines that are defined by the government. The government will control everything that goes on within that doctor's office by delineating and defining what the standards are.

Where does that leave the relationship between the doctor and his patient? The doctor is now dealing with the government and the patient comes second. It has always heretofore been a relationship of the doctor and his patient. An insurance coverage in a government scheme was not meant to intrude on that fundamental and basic relationship. We are saying now that it does.

The fact is that this whole bill is garbage. This very specific section is part of what I call poor legislation, a poor approach to dealing with a professional body of people. I look at the Chairman and think of the whole future of our province, where we have enjoyed quality health care. We have had a relationship with the medical profession that has not always been an easy one, but we have been able in previous governments in this province to maintain the peace, the quality and the spirit of working together in spite of disagreements over certain parts of financial schemes, OHIP schedules and certain other things.

Never in this province have we seen the withdrawal of services by the medical profession that we are witnessing today. Unless there is some kind of softening in this bill in a few places, such as through this amendment, we will aggravate the relationship between our government and our doctors even further, and that is going to happen after the bill comes into law. The time to make those amendments is now, before that happens, so we have a chance to anticipate the very negative reaction that the medical profession will have.

This is not something to be taken lightly. For those of us who are here looking at the long term it is important to realize we should be doing everything we can to build the spirit, the relationship and that whole sense of co-operation between government and the medical profession again.

5:50 p.m.

It concerns me that there is such a mean-mindedness to this bill. We have an example of that in the \$10,000 fine. That was part of the bill initially. I know there was talk of reversing that. Has it been done already?

Hon. Mr. Elston: The member has not been here much. If he paid attention, he would know

that has been changed. He just voted against that section. He just voted against the change.

Mr. Cousens: I come and go. It is too much. This bill was initially carved out in stone by the Liberals and the New Democratic Party, developed in the concept of the accord they had this past year. What we have seen since is a sense in which this government wanted to penalize the profession with a \$10,000 fine.

Mr. Chairman: No, that \$10,000 fine is part of section 4, which has been passed.

Mr. Cousens: I realize that, but it is indicative of the kind of fine or penalty, the kind of administrative charge the government could come out with. I believe what we are seeing here is a bad example of a good working relationship.

There are a number of other things I would like to say. I know other members of the Legislature want to speak to this amendment. I stand in dismay and with a sense of disgust at the fact that we are even having to debate this at this time. While we are doing so, we are seeing the health care system in our province seriously affected. I see as quite a separate thing that while we are here debating Bill 94, a withdrawal of services and other things are going on across this province. We will deal with that separately, and if the government realizes something should be done, I and the honourable members of the Legislature will be keen to see whatever we can do to restore the health care system.

The place to start restoring the faith of the medical profession in the health care system is in this bill and in this section and in this whole approach we are going to have. If we can begin now by accepting this amendment, it will show something of the spirit of a good working relationship between the government and the medical profession.

Mr. D. S. Cooke: Very briefly, I have no problem with the amendment to the amendment. The member has wasted I do not know how much time on an amendment the other parties have indicated to him they would support.

Mr. Cousens: On a point of order, Mr. Chairman: When did the honourable member indicate they were going to support this?

Mr. D. S. Cooke: I indicated it about 15 minutes ago. The member may have forgotten. We will support the amendment.

The kind of tactics being used in this Legislature this afternoon to delay this bill while the doctors' strike goes on, giving false messages to the doctors of this province that their strike

should continue, and the Conservative Party being responsible for people's—

Mr. Cousens: On a point of order, Mr. Chairman: That is absolutely wrong and I ask the honourable member to withdraw that. Anything we are doing here is quite separate from the actions of the doctors outside. The fact that they are marching on Queen's Park and the fact that they are withdrawing their services have nothing to do with this bill. What we are debating in this bill is the horrible, heinous legislation of this government.

Mr. Chairman: That is not an appropriate point of order.

Mr. Cousens: It is not appropriate for him to be making those statements.

Mr. Chairman: I believe I heard him say, to paraphrase, that the official opposition was wasting time. That is not out of order.

Mr. D. S. Cooke: I will be more specific. What is happening here this afternoon is that the—

Mr. Chairman: Will the member now please speak to this amendment?

Mr. D. S. Cooke: I am talking about the amount of time spent by that party on an amendment the other parties have indicated they are going to support. The tactics being used here this afternoon by the Conservative Party are putting people's health at risk.

Mr. Chairman: Order. Just as I admonished the member for York Centre to stay on the amendment, I ask the member for Windsor-Riverside also to stay on the amendment of the member for Lincoln.

Mr. D. S. Cooke: I indicated we are going to support it. I hope the Conservative Party will vote on the amendment and the original amendments presented by the government and get on with passing this bill instead of the continued filibuster tactics the Conservative Party is using here this afternoon.

Hon. Mr. Elston: Our party will support this amendment.

Miss Stephenson: I wonder whether the amount we specified was appropriate. We looked very carefully at what seemed to be the outside limits of administrative costs. It seemed that would be an appropriate outside limit. Certainly "not to exceed" would ensure that in many instances it would be considerably less than that and therefore could not be considered punitive. We felt it was appropriate to have a limit within the bill. Is that a reasonable outside limit? That is the question my colleague asked the minister.

Hon. Mr. Elston: I just said we were supporting the amendment. I indicated we are supporting the amendment that says the charge is not to exceed \$150.

Mr. Cousens: Why is it that we did not get some clarification on this earlier from the minister? It just goes to show that we have to sit here and discuss this thing carefully and intelligently and then we have to drag it out of the government.

Mr. D. S. Cooke: The member should not be so stupid. He is making an ass of himself.

Mr. Cousens: I happen to know it is a fact. Will the member withdraw that?

Mr. D. W. Smith: Sit down.

Mr. Chairman: The member for York Centre is quite entitled to stand and speak as many times as he wants, but always on the amendment, not on the minister's conduct or lack of it.

Mr. Cousens: I ask for a withdrawal of that last comment.

Mr. Chairman: I am sorry; I did not hear the last comment.

Mr. Cousens: I ask for the withdrawal of that comment. The member knows what it was.

Mr. Chairman: Does the member for Windsor-Riverside wish to withdraw his comment?

Mr. D. S. Cooke: Mr. Chairman, I do not believe I said anything that is unparliamentary. If you want to review Hansard, you can report back.

Mr. Chairman: There was noise over to my right as well as in several other places. I did not hear the member for Windsor-Riverside say anything. I did not hear him, period. I cannot really make a comment and ask him to withdraw when I do not know the words.

Mr. Martel: Why does the member not tell us what he said?

Mr. Cousens: What is going on in this Legislature is very important; it is important for the long-term benefit of health care in our province. If some people want to impute motives or make statements about other members' behaviour, that is up to them. I happen to represent a riding in this province that cares about what goes on within the province. I will speak out for the people in York Centre and the people of Ontario.

I believe what I have said is responsible and right. I believe what the government is doing is fundamentally wrong for the health care system and the doctors of this province. If the member

wants to say I am making an ass of myself, which is what he said, then I will be glad to continue to do that in the spirit I have described. If you do not make him withdraw it, Mr. Chairman, I will be proud to represent the people of my riding, especially when it has to do with the very best interests of the people of this province.

Mr. Chairman: Did the member for Windsor-Riverside use that expression?

Mr. D. S. Cooke: Mr. Chairman, it was completely accurate. I would like you to show me where that word is unparliamentary.

Mr. Chairman: Under standing order 19(d)11, any language that is abusive and insulting and likely to create disorder is out of order. It is my ruling that the expression is insulting and likely to create disorder.

Mr. D. S. Cooke: I will withdraw and I will say the member is making a complete fool of himself.

Mr. Chairman: Mr. Andrewes has moved that proposed section 4a of the bill be amended by adding thereto, "such charges not to exceed \$150."

Motion agreed to.

6 p.m.

Mr. Chairman: We are now back to the minister's amendment.

Miss Stephenson: Could you please read that amendment?

Mr. Chairman: The minister has moved the addition of section 4a and section 4b. He moved that the bill be amended by adding the following section:

"4a. The Lieutenant Governor in Council may make a regulation prescribing the administrative charge for the purpose of subsection 3a(2)."

That section would now continue, "such charges not to exceed \$150."

We are now speaking about section 4a as amended. I believe all interested members have copies of the new section 4b.

Miss Stephenson: Are we voting on section 4a?

Mr. Chairman: They were moved together by the minister. What is the pleasure of the House?

Hon. Mr. Elston: As I understand it, they were moved and accepted for debate together.

Mr. Chairman: Yes, they were. However, the chair had better make a ruling. Section 4a has been amended, and it is possible a member will want to vote for or against section 4a as amended

and not section 4b, or vice versa. It is entirely possible. We had better take them separately.

Mr. D. S. Cooke: On a point of order, Mr. Chairman: You accepted both amendments. They are additions to section 4, and they should be voted on as additions to section 4 as one vote.

Mr. Chairman: Section 4a now has been amended.

Mr. D. S. Cooke: That is correct.

Mr. Chairman: It has been amended. It is not fair to the members to take together something that now is different from what was presented.

Mr. D. S. Cooke: You can have sections that have subsections to them that are all voted as one section of the bill.

Mr. Chairman: It is a question of whether we vote for them together or separately. They are not now as presented; one has been amended.

Hon. Mr. Elston: Mr. Chairman, I do not have any problem if you wish now to put the question on section 4a.

Mr. Chairman: That is what I was preparing to do.

There being no further discussion on section 4a as amended—

Mr. Cousens: Will you read it, please?

Hon. Mr. Elston: He just got through reading it.

Mr. Chairman: Yes, I just read it.

Motion agreed to.

Mr. Chairman: Is there any further discussion of section 4b?

Miss Stephenson: I have a couple of questions of the minister. I am aware that the Health Services Appeal Board has been busy from time to time, but I feel the number of members on that board has always been relatively sufficient if the board was actively pursuing the responsibilities assigned to it. I wonder what the purpose is of striking out "not more than nine." Is the number to be unlimited? Are they going to sit in panels? Is the minister saying there might be 100 members of the Health Services Appeal Board? Why is he moving such a dramatic change in the membership of this board?

Hon. Mr. Elston: In response, I advise the honourable member that under the mechanism in section 3a, a member sits on his or her own. One member is assigned to each case where a determination is to be made in that review. The answer to the question about panels is that under this legislation they will not sit on panels. As the member knows, they do sit on panels for other

purposes in making determinations. In most cases, I understand they sit in groups of four to make sure they are able to hold a quorum of three under the other legislative requirements.

The answer is no. Under our bill's requirement, they sit as individual members. As the member said, they are often busy. The need is that we be able to add members as required to deal with the volume and that we deal with the administrative mechanisms with dispatch and without delay, so there is no undue hardship in coming to a determination when a review is requested by the physician under section 3b. That is why the additions are thought to be needed. We do not know at this time the exact numbers that might be required, but we want them to carry on their other case load as well.

Miss Stephenson: I wonder whether the minister will tell me which quasi-judicial body he is using as a model for the establishment of the figures. He has to have some kind of ball-park figure about the numbers he thinks he is going to require in this area. The way this is organized is going to be rather important to the function they are going to be asked to carry out. Surely he must have some idea of the size of the board he is going to have to appoint.

He has said nothing about modifying the criteria for such appointments. Is that part of this as well, or are the criteria that have been in existence in the past still going to be used for appointment to this body?

Hon. Mr. Elston: The criteria are going to be very similar. We wish only to remove the maximum number, which is nine under the current legislation, so we can provide ourselves with maximum flexibility to be efficient in dealing with the number of inquiries that may have to be made as a result of requests for review.

Miss Stephenson: Which one is the minister using as a model for this? I am unaware of any other that has an absolutely open-ended number, and I find this a bit disconcerting. Is this a new approach, or is there another quasi-judicial body with unlimited membership?

Hon. Mr. Elston: It would be limited to those who are appointed.

Mr. Cousens: How is the minister going to budget for this committee? Is this a new kind of budgeting that is going to come into it? If the minister does not know how many, how can he determine the costs and do any kind of accurate future balancing of the costs? People have to know beforehand how many people there are going to be. The total costs can then be

determined once the minister has answered the question asked by the member for York Mills (Miss Stephenson).

Hon. Mr. Elston: The costs are going to be determined by the number of people who wish to have reviews and, obviously, by the number of people who wish to violate the legislation. We end up having to assume we need more than nine because, under the regular business of this appeal board, we have groups of four who sit in determining the questions put forward. Since four are required in any other number of cases, we have seen the need to provide the flexibility for us to appoint a number of members sufficient to deal with whatever review is requested by physicians. At that stage we can take care of the budgeting.

Although I note the concerns for the job our fine Treasurer (Mr. Nixon) has done so far, we will continue to monitor the expenditures required to make sure this piece of legislation operates efficiently.

Mr. McFadden: Do the members of this board hold a fixed term, or is it at pleasure?

Hon. Mr. Elston: At the moment there is a term, usually for a period of three years. I am not sure of the dates of each of the members at the moment, but some were appointed as recently as March 1985, as I understand it, and those expire in 1988, if I am not mistaken. It is three years.

Mr. McFadden: How many members are currently on the board? Is it nine or is it some lesser number? Does the minister know?

Hon. Mr. Elston: It is currently nine, but it is about to become one fewer. There is a resignation because one is moving to the Northwest Territories.

Miss Stephenson: Would it not be rational for the minister to suggest that in this section he state a specific figure?

Hon. Mr. Elston: You are going to cause delay.

Miss Stephenson: Cause delay with what? The minister has no idea whether it will or not. For example, if he were to have 21 members of the appeal board available for call, they would deal with most of the problems that would arise. If it becomes apparent they will not, then he can have a minor amendment or regulate it.

Hon. Mr. Elston: Nothing in this bill is minor. There is no such thing as a minor amendment here.

Miss Stephenson: In this area, if the minister found he had to increase the number, I would consider that a relatively minor amendment.

6:10 p.m.

Hon. Mr. Elston: I do not think it is appropriate for the member to tell us what she projects for the future. We found out last week that the bill would come out of the committee of the whole House today. It becomes very apparent that this bill is not going to come out of committee of the whole today. How can I rely on something she says she will see as being a minor amendment down the road?

We would like to have the maximum flexibility so we do not disadvantage people who wish to have reviews. I do not see any need to put a cap on the number of members of this appeal board. It is appropriate that we allow the government the ability to appoint people to handle the work load.

Miss Stephenson: It is most intriguing that the minister suggests he was given information about there being some type of arrangement whereby this would be finished today. As a member very much involved with this bill, I had no such information. I probably would have been as informed as well as the minister.

I believe there would be a rationale for citing a specific number in this bill. I cannot understand why the minister thinks he has to have wide-open capacity to do this, just as he thought in the previous amendment. He thought the previous amendment was sensible and that putting a cap on it was a reasonable thing to do. Surely putting a cap on this, at least for the period of the introduction of his piece of legislation, which is horrendous anyway, would be a reasonable suggestion to pursue.

Mr. McFadden: Is the minister now saying this board is overworked as it stands, or is it the anticipation of the minister that when this bill goes through, the work load of this board will increase so much that he will need an unlimited number of board members to deal with the load which the board will be confronted with?

Hon. Mr. Elston: The president of the Progressive Conservative Party has asked a question about work load. I suppose the work load has gotten to him with respect to his duties. I presume there will be a new right president for that party who will ask such sensible questions—

Mr. Chairman: The minister will please return to the bill.

Hon. Mr. Elston: He asked about work load, Mr. Chairman, and I was briefly commenting on work load. We need more than nine members. We should provide ourselves with the flexibility to ensure that we do not delay those people who wish to have reviews.

As the bill is implemented, we will know better, but we ought to make sure we are able to carry out the traditional work of the Health Services Appeal Board. We do not want to see that go into delay because it was taken to deal singly on this legislation. It is appropriate that we allow ourselves the flexibility to find the members who would be willing and able to serve on that and, by the way, to augment the people who are currently sitting on the panels around the province with their full work load.

Mr. McFadden: The minister referred to my other avocation.

Mr. Chairman: It is not necessary to respond.

Mr. McFadden: You did not cut him off, Mr. Chairman. I wish to clear up one thing. First, I assume the members of this board will be better paid than I am as president of the party, unless they are volunteers. Second, our party generally does make the right choice for president—

Mr. Chairman: Order. That is not appropriate. Please return to the bill.

Hon. Mr. Elston: Who is he supporting? That is my question.

Mr. McFadden: I am chairing the convention. It is my third convention in 18 months.

Mr. Chairman: Order. You can speak about those things out in the hall. Stay with the bill in here.

Mr. McFadden: I will be happy to. The minister raised those points on the floor of the House, so I thought I would deal with them.

What worries me about this amendment is that it is my recollection of most bills that there is a minimum and a maximum number of members on boards. There is probably legislation where this is not true, but that is generally the case. What strikes me as unusual is that the minister expects the business of this board will increase tremendously as a consequence of the passing of this legislation. I do not know what the current delay is in hearing cases—perhaps the minister would be prepared to tell us—but what worries me is that the minister is assuming there will be a major increase in the case load of this board as a result of the passage of this bill.

This validates many of the concerns we have had all along about this bill. It is going to lead to more contention and more acrimony in the relations between the government and the medical profession. That can only indicate that in the future we will be facing some problems with the medical profession in addition to those we have been having heretofore. That surely is one of the

reasons the medical profession and our party have been concerned about this bill.

In the amendment proposed here it is very clear that the government itself is now admitting to the House completely by implication that it anticipates problems and is going to need a far larger board to be able to deal with the problems of the future. We do not know whether nine will be enough. The minister is not sure whether 11, 15, 21 or 50 will be enough to deal with the case load.

In the light of this, though, I am curious whether the minister can tell the House the average length of time it takes to have a hearing before this board. Are we led to believe that the current nine cannot deal with the current case load?

Hon. Mr. Elston: With respect, some of them can become quite complicated sometimes. Right now I travel to various parts of the province to deal with cases. Sometimes I hear expert evidence placed by OHIP. Sometimes I also hear evidence placed by the practitioner. The questioning at the hearings can and does become very extended.

Right now all I am asking is that we remove the upper limit and allow us to have the flexibility to appoint if there is the need. We are not sure we will need anybody, but it is well that we should be prepared if there is a need for the extra members.

We are not admitting to the House that there is going to be a need for any of those extras, but the people who are working very diligently on this board should not be disadvantaged in having an extra case load. Neither should the people who request a review be disadvantaged because we do not have the manpower in the Health Services Appeal Board.

I am asking that we be allowed to appoint some extra members. It would be appropriate if this amendment were to go through.

Mr. McFadden: Can the minister tell me why he anticipates an increase in case load? I know he has said he was not sure, but why does he anticipate there will be one?

Hon. Mr. Elston: We are adding a new act for the purposes of the administration of this board. It is fair to think there may be an increased work load. There are nine members for the work load that was scheduled for them originally. We are adding the Health Care Accessibility Act to that, and we expect there will be some need to appoint some members if a new act is added to their mandate.

Mr. McFadden: What does the minister consider a reasonable length of time for a hearing before this board? From the time a complaint is received, is there some standard at least that the minister has in mind that he would use as a guidepost in making a decision about how many people should ideally be on this board? Is there any kind of standard with regard to the time that should be incurred by a complainant from start to finish in an appearance before a board like this?

Hon. Mr. Elston: We have a review by a person who is independent of the minister. I am not going to tell the person how long he has to review the information. There may be a great deal of information; there may be a little. All I am saying is that we should have the manpower to deal with the review required. It is appropriate that we have the opportunity to have this amendment in place so we can appoint enough people to handle the work load. I am not sure of the length of the reviews, because we have never had one.

Mr. McFadden: There must be a reason this amendment was put forward concerning the service level that was expected for dealing with things such as how long it would take and the basis on which the government will make a decision on whether more members are merited. I am trying to determine the basis on which this House can make a decision on whether the government should be given this kind of authority.

So far the minister has not indicated any standard that he is even going to apply. We have not heard the length of time for an average complaint to be dealt with today. I am curious to know, and we still do not have an answer, what test he as minister would recommend to cabinet as a basis on which this board would be increased in size. Would they be appointed by the minister personally or would it be by order in council? To correct the earlier part of my question, what standard would he use in deciding whether the board should be increased in size?

6:20 p.m.

Hon. Mr. Elston: With respect to case load, we would have to take a look at what they are doing currently. It is fair to say that if people are busy now, as I understand they are under their current mandate, we could expect that by adding another piece of legislation, they should have more members.

The member for York Mills is trying to get the member to ask another question. Obviously, she is not happy with the way he is putting his questions. He should get some more counselling.

The whole point in taking this is that if we do not have sufficient people to carry out the work load, which is important, other people will be disadvantaged. A practitioner has the right to expect that the Health Services Appeal Board will hear its initial mandated hearings with dispatch. It is doing that now, but I do not wish to place on the nine current members the potential load of a new piece of legislation without being able to have more members appointed.

The member said it is unusual. It is not unusual. The Ontario Labour Relations Act allows the Lieutenant Governor in Council to appoint as many members as are required in equal number. That seems to work out well, and I think it will work out well in this situation.

Miss Stephenson: That was the question I asked; I thank the minister for the answer.

Mr. McFadden: I have one final question for the time being on this line. As far as the board members are concerned, is this a per diem arrangement or are they full-time board members?

Hon. Mr. Elston: It is per diem and expenses.

Mr. McFadden: Given the current situation, do these board members meet every week for X days, or do they meet once a month? What kind of experience do we have with this board as it is now constituted as far as the time commitment of individual board members is concerned?

Hon. Mr. Elston: It is determined by case load. That depends on where they are going. For instance, sometimes they will sit in Ottawa or wherever. It depends on the case-load requirement. If there are no problems or appeals from decisions made under OHIP, then we do not have them sitting often. I understand they sit for perhaps four days a month. It may be more often. They may sit every two weeks or whenever they need, let us put it that way.

Mr. Cousens: Are the qualifications of the people the minister will be adding to the board different from those who have traditionally been appointed? Is he looking for more of a legal background or judicial background? Does he sense a different kind of board with, obviously, the increased number of cases it will have before it?

Hon. Mr. Elston: We are not sure that is obvious. The member was not listening to my earlier answer when I said we do not know how many cases we are going to have.

Mr. Cousens: No; the kinds of cases.

Hon. Mr. Elston: We are expecting at least some increase because there is a new piece of legislation they will have to deal with.

The chairman has some judicial experience. There are people with various other sorts of experience on that board. It would stand us in good stead if we were able to have some people with a legal background, but I do not think the potential members should be inclined exclusively to that way. For instance, right now some members of the board are medical people.

Mr. Cousens: The minister moved to the answer of the question I was asking. What are the criteria or characteristics the minister will be looking for in the additional members of this board? What kinds of qualifications is he going to be looking for?

Hon. Mr. Elston: I did provide an answer to that.

Mr. Cousens: I do not think he did. That is an important question, because already we are seeing an awful lot of Liberals appointed to many different boards. We are seeing police commissions being taken over by Liberal appointments. We would like to see a cleaning up of the appointment process so it will bring in the kinds of qualities we want to have on these important bodies. The characteristics the minister has in the back of his mind and what he is looking for are very important to this House. We would like to hear from him.

Hon. Mr. Elston: If the member is suggesting that his former colleague Bob Elgie should not have been appointed, he is wrong. He is stating that his former colleague—

Mr. Cousens: I beg to differ. I do not think he is on this board, is he, Mr. Chairman?

Hon. Mr. Elston: I did not say he was on this board. The member said the appointments process was such that only Liberals were being appointed. I am saying Bob Elgie was not a Liberal and—

Mr. Chairman: We have gone far enough down the line. Each of the members has had his little comments on that part, which is not directly on the amendment and the qualifications. Maybe the minister would like to appear—

Mr. Cousens: I did not hear an answer; he was just starting to give the answer. Mr. Chairman, will you please allow the minister to continue?

Mr. Chairman: Yes, so long as it on point on his own amendment.

Hon. Mr. Elston: I have already said it would be nice to have some people with legal backgrounds, but I do not think that is an exclusive requirement. The people who are appointed should come from a number of backgrounds. I

indicated some people from the medical profession are currently serving on the Health Services Appeal Board. That being the case, I do not see any reason to change the distribution of qualifications.

Mr. McFadden: The Minister of Health mentioned people with more legal background. Are there a lot of lawyers on there now? I do not know. Given the area in which the board would be working, I am not sure whether we want more lawyers on it. We want people with some experience in the social services and in health-related fields, obviously not doctors, but people in the health-care area. Perhaps I misunderstood what the minister meant to say, but I wonder whether a lot of lawyers on a board such as this would be very helpful in expediting things.

Hon. Mr. Elston: I cannot tell the member for Eglinton (Mr. McFadden) that when he relinquishes his role as president of the party I will have for him as a lawyer, as I know he is, a job on this board. He can apply and I will consider his application. The member for York Centre was trying to get me to indicate whether there was room for another lawyer; I told him some people with a legal background would be helpful, but I did not think it would be an exclusive requirement to be a lawyer. There is a good mix of people there now, and I do not see any reason to change the mix that is available.

Mr. Cousens: I would appreciate knowing the kinds of problems the minister expects to have once this legislation is passed and why he is going to need far more of the board's time. Can he explain what some of those situations are going to be?

Mr. Chairman: The minister indicates he has nothing to add.

Mr. Cousens: That begs the whole question. We are seeing the government bracing itself for problems with the medical profession, which is exactly the point our party has been making, or I have been making a big fool of myself, according to the members of the third party.

We are seeing a government that is saying, "We want to build up the armour and the fortifications so we are in a position to deal in whatever way you want with those people." By virtue of the fact the government is going to have an unlimited number of people on this board, we could end up having a relative of each member of the Liberal Party on it. The member for Brant-Oxford-Norfolk (Mr. Nixon) could get his favourite gas station person on it. We would then see a board of horrendous size.

The implications to the medical profession, and to those of us who are questioning what is going on, beg an awful lot of questions from all of us. I would be interested in knowing whether the minister has ready any names of those who he is going to be appointing to this board.

Hon. Mr. Nixon: The minister would consider answering that question when we next consider this matter.

On motion by Hon. Mr. Nixon, the committee of the whole House reported progress.

DISPOSITION OF BILL 30

Hon. Mr. Nixon: Mr. Speaker, earlier in the day, there was some discussion on the disposition of Bill 30 and whether it should go to committee of the whole House or directly to third reading. There has now been agreement that the bill should go to committee of the whole House.

The House adjourned at 6:29 p.m.

ERRATA

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Hansard

Official Report of Debates

Legislative Assembly of Ontario



Second Session, 33rd Parliament
Tuesday, June 17, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday, June 17, 1986

The House met at 2 p.m.

Prayers.

MEMBERS' STATEMENTS

MISSISSAUGA RAINBOW FESTIVAL

Mr. Gregory: It is a great privilege for me to rise in the House today to inform all members of the upcoming Mississauga Rainbow Festival with events and happenings scheduled from June 27 through to Canada Day, July 1.

This year's festival marks the 11th year in celebration of Mississauga becoming a city. To kick off this year's exciting and fantastic festival, the city is building Canada's largest rainbow balloon arch in front of Square One. The city has applied to the Guinness Book of World Records in order to have on record this 12-storey structure. The christening of the balloon arch is scheduled for this Saturday, June 21, at 12 noon.

Some of the highlights of this year's festival include the addition of a gigantic home show and horticulture show. An always spectacular event is the battle of the marching bands, with bands from all over Canada and the United States competing for \$3,000 in prize money. The mayors' bathtub race is always a great event, which attracts mayors from municipalities across the province. A major focus of this year's festival is the 20 or more multicultural groups which will perform and entertain and operate food concessions in their native art and cuisine.

The significance of this very successful annual event is the contribution of the 350 or so volunteers and community groups which devote their time and effort so willingly. We in Mississauga are justifiably proud of the work involved in organizing this event, and I am proud to be able to take this opportunity to give the Mississauga Rainbow Festival the recognition it so richly deserves.

EXTRA BILLING

Mr. D. S. Cooke: We are now in our third week of clause-by-clause discussion of Bill 94. Yesterday afternoon the bells rang for more than an hour, and we spent more than an hour discussing an amendment that simply increases

the number of people on the appeal board to deal with appeals under the Health Insurance Act.

What is the message the Tory party is communicating out of the Ontario Legislature to the doctors of this province? The message is very clear. It was enunciated by the Conservatives' partner in the Legislature, the member for Humber (Mr. Henderson), on Metro Morning. The message is that if they hold up the bill long enough, the strike will be successful and Bill 94 will be defeated.

The message that should be coming out of the Legislature is that the consensus in the Legislature and in the province is that extra billing will be banned by the legislators of this province.

This party has now offered twice, yesterday and today—and I understand the Liberal Party has agreed—to sit at night in order to finish Bill 94. The Tory party has refused that offer. The Tories are partners with the Ontario Medical Association and the doctors of this province in destroying the health care system of Ontario. We must pass Bill 94 today.

VISITORS

Mr. Shymko: We recently were honoured and privileged to greet Bishop Tutu at a special session in this Legislature as a spiritual leader and a champion of liberty and civil rights for his people in his determined struggle against the evil of apartheid.

Today I am privileged to greet in the members' gallery another spiritual leader waging a similar struggle for liberty, religious freedom and peace for his homeland. I greet His Eminence Myroslaw Iwan Cardinal Lubachivsky, Patriarch of the Ukrainian Catholic Church and Metropolitan of Kiev and Halych.

[Applause]

Mr. Shymko: Mr. Speaker, I am losing some time because of the great applause. I hope you will consider that.

He is accompanied by His Excellency Bishop Isadore Borecky of Toronto and is currently touring North America. We want to stress that he represents some nine million Ukrainian Catholics, six million of whom do not have the right to practise their faith in the Soviet Union today.

Practising their faith is punishable under the criminal code.

We wish him success. We understand the role that Christianity, churches and religions have played in places such as the Philippines, South America and South Africa, and we hope that some day he will reign over his faithful in Kiev as Metropolitan of Kiev.

BUILDING ADVERTISEMENT

Mr. Philip: I bring to the attention of the Minister of Consumer and Commercial Relations (Mr. Kwinter) a problem existing with a company that owns a building in my riding. The company is called 493505 Ontario Ltd. and it owns a building at 2 Armel Court in Rexdale.

This building is considered to be a luxury building. It just recently opened. In the advertisements a number of promises were made, and I will go quickly through a list of some of the promises that appear to have been broken and that are quite distinct in the advertising of this company.

"Telephone outlets in the kitchen and all bedrooms"—only some apartments have them in some rooms. "Mosaic tile floor in the foyer"—that was not put into any of the apartments. "Durable and easy-clean, designer-selected, solarium-cushioned kitchen flooring"—they have not done this. "Roomy, new, California-style, eat-in kitchen"—that is in some apartments and not in others. "Kitchen sinks with single-lever faucets"—none. "Self-cleaning ovens"—none. "Dimmer switches in central dining rooms"—none. "Shelving in storage areas"—none. "Cable in the third bedroom or second bedroom"—none.

I ask the Minister of Consumer and Commercial Relations to look at whether this company should be allowed to get away with this kind of false advertising.

SOUTH AFRICAN EVENTS

Mr. D. R. Cooke: Our Legislature was recently honoured with a visit by Bishop Desmond Tutu. In the light of recent events, we should recognize the fact that yesterday was the 10th anniversary of the Soweto uprising. This uprising, which started with an incident in which an 11-year-old boy was brutally shot down, sparked a number of massive riots throughout South Africa and struck the consciousness of the whole world.

The Soweto uprising is considered to be the turning point in South African history. As a result of the riots, the government regulation concerning education was rescinded. Consequently, all

events surrounding Soweto mobilized an increasingly organized opposition.

I know I speak for the whole House in strongly condemning recent events that have occurred in South Africa. It is appropriate to take heed of Bishop Tutu's prophetic words: "Only intervention by the outside world can avoid Armageddon. What is the world waiting for?"

EXTRA BILLING

Mr. Brandt: Yesterday one of my constituents, Barry Brown, was informed by an official from the Workers' Compensation Board that a decision was being delayed on his claim because of an outstanding doctor's report. He was also told that no decision would be made until that report is received.

Mr. Brown's doctor is on strike in protest of the government's heavy-handed actions directed against the medical profession. It is totally unfair that Mr. Brown and others in his same situation should be victimized by the refusal of the government to negotiate to settle this dispute.

I demand that the Premier (Mr. Peterson) and the Minister of Labour (Mr. Wrye) instruct officials at the Workers' Compensation Board to take whatever action is necessary to adjudicate Mr. Brown's claim so that he can receive the funds that, quite simply, he needs to survive.

FIESTA WEEK

Mr. Breaugh: Briefly, I want to note that this is the 25th anniversary of the Oshawa Folk Arts Council. Members may not be aware, but should be, that this week in Oshawa is called Fiesta Week. We have about 31 pavilions open for visitation this year. All members are welcome to join us. It takes us about a week to get this done.

This week we are celebrating a great many cultures in many different ways. It is a wonderful opportunity for Oshawa to enjoy who we are and who we have been and to enjoy other nations that one may not always get a chance to visit.

Maclean's magazine has called this event the greatest celebration of multiculturalism in this country, and it is. All are welcome to attend.

NORTH BAY COURTHOUSE

Mr. Harris: I would like to bring to the attention of the House the abominable politics that are being played for the North Bay courthouse. This is a project where money was approved, the drawings have been done and everything has been ready to go. The government has sat on this. We have a former president of a Liberal association making statements and an-

nouncements. We want to know when North Bay is going to get a courthouse.

2:12 p.m.

STATEMENTS BY THE MINISTRY AND RESPONSES

PORK PRODUCTION

Hon. Mr. Riddell: I am pleased to announce yet another initiative of this government in keeping with its strong commitment to the agriculture and food industry—a refreshing change, indeed, over the past.

As the honourable members know, pork production is one of Ontario's most important agricultural activities. It is number three in farm cash receipts in this province and a major source of export dollars.

When it comes to jobs, about 15,000 people work in the production side and a further 14,000 in slaughtering and meat processing. There is a lot riding on the continuing success of this industry. For these reasons, I am pleased to inform this House of new programs that will mean long-term benefits to producers and processors alike.

Ontario is budgeting \$54 million over the next five years to improve our pork industry. The marketing assistance program for pork will boost the processing side and the Ontario pork industry improvement plan will concentrate on production. The production program is aimed at improving the efficiency, profitability and competitive position of Ontario's pork producers.

The marketing program zeros in on market research, developing new products, upgrading processing plants and increasing exports. The pork industry improvement program is effective April 1, 1986. It will provide incentives to improve swine herd health, record of performance testing, production and financial management analysis and swine research.

Our marketing plan will offer financial assistance for consumer surveys, new product development, export expansion and new processing technology for pork. We recognize the importance of this industry and its potential and we are responding. Our new two-part strategy will help producers and processors maintain their competitive positions in national and world markets. In doing so, this will strengthen an essential element of our economy.

Mr. Stevenson: I would like to respond to the statement by the Minister of Agriculture and Food. We welcome the announcement today of support for the swine industry. I am surprised it took so long. Some of the initial meetings were

held while I was minister, about a year ago now, and since this program is pretty much a copy of the red meat program the member for Don Mills (Mr. Timbrell) introduced two or three years ago, I do not know why it took a year to get this out. Obviously, it must have had something to do with a political schedule rather than a swine schedule.

The red meat program has been very successful in the beef and sheep industry, with significant improvements in the record-keeping of those producers and the efficiency of the people who have participated in that plan. In general, it has been favourably received. With the success of that program, I am sure there is no reason this one cannot be equally successfully.

I am wondering why the minister has not included in this announcement funding for the swine artificial insemination unit or, if it is buried in here, why it has not been mentioned. He did receive a report this past September or October from an outside consultant on that program, which has been very important in improving the quality of swine in Ontario. The Ontario Pork Producers' Marketing Board passed a resolution at its most recent annual meeting telling him to get off his duff and get some response to that consultant's report, but, unfortunately, that response does not yet seem to be forthcoming.

While this support for the swine industry is very favourable, it is not terribly significant in the light of what other jurisdictions are doing for their agricultural industry this year. We are into a totally new era of funding agriculture in many countries of the world. The minister does not seem to realize that yet.

To give some indication of the impact, the United States farm bill is an example. The minister is saying in his own speeches that 75 per cent of the net farm income of US farmers will come directly from government funding. That is a frightening figure. It is also important to note that the funding body of the US administration has been mailing out \$100 million a day to US farmers. That \$100 million a day has accounted for an increase in disposable income to all Americans of 1.2 per cent in April. One per cent of that 1.2 per cent was due directly to government funding to farmers in the US.

When one considers the impact of that funding to farmers and expresses it only on the basis of the farm numbers instead of the whole population, one begins to realize what significant impact government funding is having.

We look at a 75 per cent increase in the budget this year in Alberta and a 100 per cent increase in Saskatchewan.

Once again, action does not even come close to matching the rhetoric from this minister. Farmers in Ontario are getting left in the dust when it comes to competing with farmers in other jurisdictions with whom we must compete. We call on this government to take some action to try to keep Ontario farmers competitive in this new era of agricultural funding.

EMPLOYEE SHARE OWNERSHIP PLAN

Hon. Mr. Nixon: In the recent budget, I introduced a proposal for the support of employee share ownership plans in Ontario. At that time I indicated the advice and counsel of concerned organizations and members of the public were necessary to ensure an effective program.

To assist those who wish to share their views with me, I have established a working group of senior staff from the Ministry of Treasury and Economics and the Ministry of Revenue to consider suggestions or comments groups or individuals may have. I invite interested parties to submit written comments to this working group through the taxation policy branch of the Ministry of Treasury and Economics. All submissions will be carefully reviewed.

I shall also personally welcome any suggestions or comments from members of the House.

I intend to discuss the issue of employee share ownership with my federal and provincial colleagues at the June 20 meeting of finance ministers. In addition, Treasury officials will be proceeding with discussions with their counterparts at the Department of Finance in the next few weeks.

I hope people are able to make their views known to me by August 31 so that legislation can be ready for the House when we return in the fall, assuming we leave.

VISITORS

Hon. Mr. Ruprecht: On behalf of the Premier (Mr. Peterson) and the government, I welcome His Eminence Cardinal Lubachivsky on his first visit to Metro Toronto. With him is Bishop Isadore Borecky.

Six million members of the Ukrainian Catholic Church are in the Soviet Union, where the practise of their faith is subject to persecution under the criminal code.

We simply join our friends from High Park-Swansea to say to His Eminence Cardinal Lubachivsky that we totally agree with him when he said at a mass yesterday, "Do everything possible to see to it that your voice is heard so that

they may obtain the same freedom of conscience and worship you have here in Canada." Welcome, Cardinal.

Mr. Rae: On behalf of my party, I want to express regret that the minister for some statements, and without any other portfolio, the member for Parkdale (Mr. Ruprecht), has once again chosen to make a statement without distributing it to us. No doubt that is because it was made in response to the statement of the member for High Park-Swansea (Mr. Shymko) and improvised on the spur of the moment.

With two such distinguished guests as Cardinal Lubachivsky and Bishop Borecky, I am saddened that we do not have the opportunity to pay a more official tribute to their visit, particularly since I know the cause of religious freedom in the Soviet Union is one of extreme importance to all members of this House. We have a very widespread concern about the freedom of worship of Jews in the Soviet Union. It is entirely appropriate that this House bear witness to the number of Ukrainian Catholics in Canada who feel very strongly about the repression in their homeland.

As I understand it, part of the purpose of the visit of the cardinal is to express concern, to attempt to raise some funds and to put a greater focus on the international relief effort for the tragic victims of the Chernobyl nuclear disaster. It would be entirely appropriate for members of the House to have been made more fully aware of that by the government so that we could show the cardinal and the bishop the hospitality of which we are all so proud as members of the Legislature.

The cause of religious freedom knows no partisan boundaries. The right to worship one's God in the ways of one's ancestors is one of the most cherished human rights in the world. As Canadians, we can say it is one we have endeavoured to assure and to provide as freely and fairly as possible. Our hearts go out to those communities that do not have the freedom to say their prayers, light their candles and remember the God of their ancestors as they would like to do. The fact that it is not possible to do that in the Soviet Union and in many other countries is a gross, unfair and grotesque infringement of human rights.

We welcome Cardinal Lubachivsky to our midst and we welcome Bishop Borecky to this Legislature. On our behalf and on behalf of the New Democratic Party, I take this opportunity to express those sentiments today.

Mr. Breagh: I want to take the occasion to draw to the attention of members that resolution 44 standing in my name on the Orders and Notices paper deals with the matter of the Chernobyl disaster and all its ramifications. We are attempting to find an occasion in the near future when we can put the resolution in front of the members, at which time we will have a more formal opportunity to have some discussion around that and lend as much assistance as we can, at least as a provincial Legislature, to all the people who have been directly affected by that.

Mr. Shymko: Notwithstanding the fact that—

Mr. Speaker: Order.

Mr. Shymko: This is a response to the minister's statement.

Mr. Speaker: According to the standing orders, the time has elapsed. That completes the allotted time for ministers' statements and responses.

Hon. Mr. Ruprecht: On a point of order, Mr. Speaker: I do not mind being criticized, but I thought this government indicated to the two opposition parties when any visitors are coming in. I thought—

Mr. Speaker: Order. That is not a point of order.

2:27 p.m.

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: My question is to the Premier, who was apparently able and willing to answer questions related to the doctors' strike outside the House yesterday while he refuses to do so inside the House. This afternoon I hope he will deem himself worthy of answering questions by members of this assembly.

In so doing, by now I am sure he has been briefed by the Minister of Health (Mr. Elston) with regard to the exact size and scope of what is becoming a very frightening circumstance throughout Ontario. With that in mind, will the Premier inform us this afternoon how many emergency wards are now closed, how many elective procedures have been cancelled, how many medical advisory boards have resigned and how many hospital boards have resigned?

Hon. Mr. Peterson: We do have some information with respect to that. The minister is in a better position to give up-to-the-minute details than I am, but if the honourable member is so intent on asking me a question, I am happy to answer it to the best of my ability. Then if he is

not satisfied, he may want to ask the minister for any up-to-date information.

The member is putting forward an interesting discussion here. I refer him back to April 27, 1982, when the very same question was asked of the then Minister of Health.

Interjections.

Hon. Mr. Peterson: Just a minute. The member may want to read this. I asked him the same question when he was Minister of Health and he said he could not be expected to know these situations; he could not be expected to know which hospitals were closed or how many elective surgeries had been cancelled. He was the minister and not the Premier on that occasion. It is interesting how he keeps changing his views on the situation.

To the best of my knowledge, the situation is as follows: Welland County General Hospital, 12 noon Monday; Scarborough Centenary Hospital, 12 noon Monday; Peel Memorial Hospital, six o'clock Monday; Humber Memorial Hospital, four o'clock Monday, reopened at eight o'clock today; Etobicoke General Hospital, 6 p.m. today; Queensway General Hospital, 6 p.m. Monday in rotation with Peel, the Credit Valley Hospital and the Mississauga Hospital; York-Finch General Hospital, today at 8 a.m.; Sarnia General Hospital, today at nine; Joseph Brant Memorial Hospital, Burlington, today at 8 a.m.; Plummer Memorial Public Hospital, Sault Ste. Marie, today at 3 p.m.; York Central Hospital, Richmond Hill, today at 8 a.m.; Ajax and Pickering General Hospital, today at 12 noon; and Scarborough General Hospital, Wednesday at 8 a.m. At Cornwall General Hospital and Hotel Dieu Hospital, the physicians have voted to withdraw services from these hospitals on an alternating basis beginning with Hotel Dieu, I gather today, but I am not sure.

I have answered the question to the best of my information at the moment.

Mr. Grossman: The Premier referred to April 27, 1982. I want to read the question that he, as Leader of the Opposition, asked me, as Minister of Health. I remind him that on April 27, 1982, we were talking about day one of a two-day strike. In 1986, we are in day six of a strike that has included the closing of emergency wards. I want to read to the Premier the question he asked:

"Will the minister agree that he does not have the devices available to gather this information and that he does not know the extent of the crisis?...Given that and the evidence that we in this party are receiving...does he not feel it is time to bring in back-to-work legislation? We

will co-operate with the minister in that regard to make sure he has that weapon available to him to prevent a serious tragedy, which we would all regret."

If on April 27, 1982, on day one of a much more modest strike than he faces in day six of a very serious strike, he was worried about a serious tragedy occurring, why is he not worried about a serious tragedy occurring now and why is he not doing something about it?

Hon. Mr. Peterson: If it is now the position of the honourable member that we should bring in back-to-work legislation, then I am very interested in knowing that. I appreciate knowing from hour to hour what his position is, because it is very hard to determine, to have some understanding of this.

To the best of our knowledge, the closures I have reported on an up-to-date basis are partial closures. Those emergency rooms are still open. There is a doctor there. Nurses are there, paramedics are there and a doctor is there taking primary responsibility and referring some of the less serious cases to other areas that are open.

The ministry has an emergency plan in place, and I am sure the member is aware of that. It is functioning. I grant there is an inconvenience at the moment, but I can assure the member that the ministry is watching it very closely. At this moment we are proceeding on the course we have suggested.

Mr. Grossman: I want to tell the Premier that for tens of thousands of people this is too serious a matter for those kinds of games.

Interjections.

Mr. Speaker: Order.

Mr. Grossman: The Premier has assured this House that the ministry has an emergency plan available. This morning, we called the Ministry of Health number, which the Minister of Health (Mr. Elston) gave out as his emergency plan. What happens when one calls the ministry emergency plan number is that, unbelievably, the Ministry of Health tells the caller to call his doctor or to go to the nearest emergency ward. That is the Ministry of Health's response to the chaotic situation we have across the province.

The Premier has described the situation in emergency wards and assured the public that there is one doctor and some nurses on hand and that a selection is being made. Is the Premier comfortable with the circumstance in which, having created a battlefield out of our emergency wards, there is a triage going on where a doctor is making a selection with regard to who will be

treated and who will not be treated? As Premier, is he satisfied with that triage—

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Peterson: The minister and his staff gave very rational and sensible advice to people. The minister is not trying to create a panic as some other people perhaps would attempt to do. The reality is that a large number of physicians are still operating in their offices. The honourable member knows the odds as well as I do, that if one phones one's physician, he or she will be there.

Second, if his or her physician—

Mr. Grossman: That is not good enough.

Hon. Mr. Peterson: What does the member mean it is not good enough? It is very sensible advice. It may not be sensible for someone who wants to create a—

Mr. Grossman: It is not good odds. Is that what the Premier is doing to look after this crisis? Is that his response?

Mr. Speaker: Order.

Hon. Mr. Peterson: If the honourable member will listen, the second point, and I believe the minister announced it, is that an ambulance can be called if emergency care is required, and the ambulance drivers are aware of which emergency wards are open and which are not.

Third, one can call the College of Physicians and Surgeons of Ontario, which gives advice in this matter.

Fourth, there is a hotline number to assist people who cannot get advice or assistance through the first two or three methods.

It is very sensible and when people understand that message, they will understand that the ministry is on top of the situation. I recognize others would like to create panic and situations that would incite fear in people, but it is not justified in the circumstances. If my honourable friend wants to assist in this situation, why does he not help pass the legislation rather than stonewalling and delaying?

Mr. Grossman: My next question is for the Premier as well. He suggested ways to assist the situation. I want to read to him the comments which Dr. Railton made last evening and which were repeated in the morning paper. He said, "If the legislation is passed this week, the doctors' strike and protest actions will continue." Therefore, if the Premier is serious about wanting to stop this problem and solve it, I have a proposal for him.

Mr. Speaker: By way of question, I hope.

Mr. Grossman: By way of question. Given the fact that one phone call to Dr. Railton can stop the strike, I have here a telephone—

Mr. Callahan: Why does the member not call Jake Epp?

Hon. Mr. Bradley: The member should be in theatre.

Interjections.

Mr. Speaker: Order. If the members want to waste time, that is fine.

Mr. Grossman: I have here a portable telephone. We have—

Interjections.

Mr. Speaker: Order.

Hon. Mr. Scott: This is the Legislature, not—

Mr. Grossman: That attitude caused this strike, I say to the Attorney General (Mr. Scott).

Interjections.

Mr. Speaker: Order. I am just going to wait. It is your time you are wasting. Order. Supplementary question immediately.

Mr. Grossman: The first question has not been asked.

Mr. Speaker: I want to hear the question.

Mr. Grossman: Fine. They have not let me put it.

Interjections.

Mr. Speaker: Order. Question, please.

2:40 p.m.

Mr. Haggerty: On a point of order, Mr. Speaker: I want to draw to your attention, as I am sure you and the members are well aware, the standing order that says: "In putting an oral question, no argument or opinion is to be offered nor any facts stated, except so far as may be necessary to explain the same; and in answering any such question, the member is not to debate the matter to which it refers."

I suggest the telephone the member has is encouraging further debate on the matter.

Mr. Grossman: We had Wynken yesterday; we have Blynken and Nod today. We have Wynken, Blynken and Nod in charge of our health care system.

I have a telephone for the Premier. We have programmed into it the phone number where Dr. Railton will be this afternoon. With havoc in the health care system, will the Premier push this button so he can speak to Dr. Railton and end the doctors' strike simply by requesting a mediator? I am going to send the phone over.

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Peterson: I thank the honourable member for his suggestion. It is a better gift than the chicken I received from the member for Welland-Thorold (Mr. Swart) some time ago.

This is a very serious matter, and we believe the ministry is looking at the situation and monitoring it on an ongoing basis. If it were as simple as making one phone call, it would have been done months ago. The member is asking me to withdraw the bill. If he wants to stand up and tell this House his real view of this situation—and it is not a phone call—then I think the minister will be aware of it. If that is the member's position, I respect it, but if it is not, then why does he not pass the bill? The way he can be most constructive is to use this phone to call his House leader and tell him to get on with the discussion of this bill in this House.

Mr. Grossman: We do not have to call our House leader. This party is united in trying to stop the government from destroying the system.

Interjections.

Mr. Speaker: Order.

Mr. Grossman: The spectacle of laughing, joking, smirking and more blinks today on that side of the House is scandalous when patients are waiting for heart surgery and cancer surgery. That is the government's response to the strike.

The Premier claims there is nothing he can do to stop this strike. Last night, Dr. Railton answered this question posed by Denise Harrington, "What are the Ontario Medical Association's conditions for ending the strike and restoring service?" The answer: "All the government has to do is consent to meet with us in meaningful negotiations."

The Premier has described the situation as a grade 8 high school dance with no one prepared to make the first call. On behalf of thousands of struggling patients and scared parents, will the Premier make that phone call today?

Hon. Mr. Peterson: First, as legislators, we all have a responsibility not to put more fear or panic in the hearts of people than may be there now in a difficult circumstance. We all have a responsibility in that regard, including the Leader of the Opposition (Mr. Grossman). I know he would want to fulfil that responsibility.

Second, I am not sure of the exact words of Dr. Railton's position. I watched that debate with great interest yesterday, and I thought it was democracy at its finest. It was an excellent debate and an excellent discussion of the issues. Dr.

Railton put his position very well, and the minister put the position extremely well. I hope every person in this province saw that debate last night. Let them judge. My sense is that the vast majority would support the Minister of Health in the cogent and thoughtful way he put forward the arguments to end extra billing.

To come back to the point, the Leader of the Opposition says it is a phone call. If it were so simple as to end the strike with one phone call I would do it, but that is not the case. They want us to withdraw the bill. I tell my honourable friend, we are not going to withdraw the bill. We are going to proceed with it. Dr. Railton acknowledged on television last night that the negotiating team led by the minister put forward a number of very constructive proposals.

Interjection.

Hon. Mr. Peterson: Yes, he did. There was even a letter back to the minister by one of the team saying, "We are making real progress." We are prepared to sit down with the medical profession very shortly—tomorrow, today—and discuss a number of the outstanding issues. There is no question about that. However, one cannot bend in every little breeze. We told the people of this province where we stand on extra billing. It is a very difficult situation at the moment, and not one I am happy about, believe me. I wish this were not happening, but we are fulfilling a commitment in which we believe.

Interjections.

Mr. Speaker: Order. Final, brief supplementary.

Mr. Harris: Will it be the same as the final, brief answers, or the final, brief yelling and screaming that interrupts this House all day? That is exactly what the members are doing.

Mr. Speaker: Final supplementary.

Mr. Grossman: With respect, the Premier misrepresents what Dr. Railton said on TV last evening. He categorically referred to the "so-called negotiations conducted by the government." He categorically said he would like the legislation postponed to allow an opportunity for meaningful discussions.

The Premier may not think it is a frightening situation, but I want to tell him how I exercise my responsibilities in this House. I am frightened about what is happening in the health care system. Like the Premier, on day one in 1982—

Mr. Speaker: Order. Does the Leader of the Opposition have a question?

Mr. Grossman: Is the Premier convinced there is an acceptable level of health care services available to the public of Ontario today?

Hon. Mr. Peterson: In his first supplementary, the Leader of the Opposition suggested one simple phone call would solve the problem. In his second supplementary he said, "if the bill were postponed." I wish he would give me the full information in his first supplementary.

Mr. Grossman: Why does the Premier not quit playing games? Come on, grow up.

Hon. Mr. Peterson: I am not playing games. He knows where I stand.

Mr. Grossman: Why does he not take some responsibility? He is playing word games. He should pick up the phone and settle this. It is disgraceful.

Mr. Speaker: Order. New question, the member for York South.

Mr. Rae: The definition of a Tory phone is one that has one number on it, that of the OMA, and it is a one-way line.

Interjections.

Mr. Speaker: Order. Once again, I am going to wait.

2:50 p.m.

Mr. Rae: There should be an Oscar for synthetic indignation.

I have a question for the Minister of Health. I am concerned about another phone line, and that is the phone line that appears to have been operating over the past number of years between the Ontario Medical Association and the College of Physicians and Surgeons of Ontario.

On April 28, 1982, after a very short stoppage, Dr. Klotz, who was then the president of the college, wrote to every member of the college and said:

"In the opinion of the council, further interruptions in the services provided by individual physicians do not serve the public interest. The council is concerned that further disruptions of longer duration would have serious implications for the health and welfare of those who need medical attention."

Can the minister explain why that letter was sent out four years ago, after a very short disruption, yet we had a statement yesterday that simply said the complete closure of emergency departments is unacceptable, which clearly appears to imply that the rotating closure is acceptable to the college?

Hon. Mr. Elston: I cannot tell the members of this House about what people did in 1982. I can say that the college has been quite active in reviewing and monitoring the situation and has been on the scene in a number of the locations

meeting the needs of the delivery of service in those areas. It has developed for the first time a statement with respect to the delivery of services on a service basis rather than on an individual physician basis, and it has set out very clearly the principles of the requirement to deliver service in those emergency departments.

Mr. Rae: Dr. Myers, the past president of the OMA, is quoted today in an article in the *Globe and Mail*. It stated that as a result of a letter sent by the OMA to the college, "the OMA pursued the subject in correspondence and in meetings with the college. The college has now 'rethought its position,' he said. 'It was all straightened out in 1982.'"

Is the minister aware of that statement by Dr. Myers, and what steps has he undertaken as minister to find out precisely what correspondence, what meetings and what understandings have been reached between the OMA and the college?

Hon. Mr. Elston: I am aware of the statement as reported in one of the dailies in this city. The registrar, Dr. Dixon, has contacted the reporter who wrote the story as well as others. I also called him early this morning and talked to him about that and was told that no understanding, either formal or informal, is being indicated by Dr. Myers. There is an understanding and an indication by Dr. Dixon that the college takes its responsibilities to ensure the public interest very seriously. It regards the upholding of the regulations under the Health Disciplines Act as its solemn duty and it is going to undertake that.

Mr. Rae: Any objective observer would agree there is a dramatic difference between these two pieces of paper, one of them sent out in 1982 and one of them sent out in 1986. Everybody would agree that what is going on today is far more serious than what took place in 1982. If the explanation is not collusion between the OMA and the college, can the minister explain why the response from the college up until now has been so pathetically weak with respect to the disruption of services?

Hon. Mr. Elston: The college has performed its function in this situation very well. It has had people on site in those locations. They have talked to people. They have counselled people with respect to questions that have come in. They have established a very public reference.

The honourable gentleman indicated the college has caved in. It has not caved in. It has been very serious about pursuing the public interest. Dr. Dixon has assured me they intend to pursue

the public interest, and I think we will see that they will pursue the public interest.

Mr. Rae: The college is not doing what it did in 1982, when there was a much shorter disruption of services and when it ensured that all emergency services would continue to be provided. The minister has not yet provided us with an explanation. If he cannot explain that, can he explain why the college in any of its publications or statements has not made any reference to the Health Disciplines Act explicitly or to the Public Hospitals Act?

Why has there been no reference to the fact that doctors who are on medical staff of a hospital are supposed to, under the act, "arrange for another member to perform his duties and notify the administrator"? Can the minister explain why the college is not informing the medical profession what the law is in the province and why it does not appear to be prepared to enforce the law in Ontario?

Hon. Mr. Elston: The registrar has indicated very clearly that the college takes its mandate very seriously and that it will enforce the law. It has been working quite closely, not only with the Ministry of Health but also with the staffs of hospitals and in addition with the boards of hospitals to underscore the requirements under the regulations.

I spoke with Dr. Dixon early in the morning and again at noon, and he assured me personally they are pursuing the enforcement of the Health Disciplines Act regulations and will not be deterred from that. There is no collusion. There is no agreement.

Mr. Rae: The minister is spouting nonsense. The fact of the matter is that hospital emergency wards are being closed right across parts of Metro and in the areas around Metro. It is happening in Sarnia, Welland and Cornwall. The College of Physicians and Surgeons of Ontario has said virtually nothing with respect to how it feels about that action by those doctors.

If the college is not prepared to act, what does the minister intend to do about a statement by Dr. Sky, the OMA representative at Etobicoke General Hospital, who said: "Doctors are not listening to the OMA directive and they are doing whatever it takes to get the government's attention. It is getting pretty hard to co-ordinate the hospitals to ensure there is public safety at all times?"

It is clear that discipline in this situation has entirely and utterly broken down. The OMA is condoning this action and, indeed, in parts is co-ordinating it. The college is sitting back and

doing nothing and is condoning it. It is saying that the closure at Northwestern General Hospital is okay and that as long as the other ones follow that pattern, there is no problem. If they are not prepared to act, what steps is the minister prepared to take to make sure patients continue to have access to emergency services in the province?

Hon. Mr. Elston: The honourable gentleman said the college was condoning this sort of activity. The college is not condoning this sort of activity. They have been on the scene in a number of areas and have done a lot of work to ensure that medical services are available at each of the emergency rooms that have been reported closed. There are people there delivering medical judgements, which is the way in this province when medical necessity is shown. The college has had a very large role to play in making sure there has been provision of services in this province.

The college does not have an agreement with the OMA whereby it has decided not to enforce the regulations. That is not an appropriate reading of the information. They have undertaken very clearly and strongly to me that they will enforce the regulations, that they are enforcing them and that they are taking practical steps to ensure there are services in the emergency rooms.

3 p.m.

Mr. Rae: We will do it every day if we have to, to get this minister to act. Mrs. Yvonne Pitre is a resident of a senior citizens' home in Hanmer. She apparently has bladder cancer and was told surgery was needed immediately. The cancer has to be cauterized. She was scheduled for surgery at Laurentian Hospital but now has had her operation put on hold. The woman is in quite a bit of pain and discomfort. She now has to wait for the surgery and does not know when it will take place as Laurentian Hospital has cancelled that surgery.

This is happening. Is it the minister's view that this is lawful under the Public Hospitals Act and under the Health Disciplines Act? What does he intend to do about this example and literally dozens of other examples of people who have had cancer and heart surgery delayed and who are not getting access to the services their doctors in the so-called sacred doctor-patient relationship are supposed to want to maintain and uphold in Ontario?

Hon. Mr. Elston: I have asked that when the honourable members of this House know of situations like these and others, they advise me so

that we can take steps. I know the honourable gentleman is aware of situations that were brought to my attention before, and steps were taken to ensure there was delivery of service. I can tell the honourable gentleman, the members and the public that the college will take steps to intervene in this situation.

Mr. Laughren: On a point of privilege, Mr. Speaker: I think the minister has abused my privileges as a member, because I had referred to the minister a specific problem one of my constituents had. Unlike what the minister says, this problem has not been solved by either the college or the ministry.

Mr. Speaker: That is hardly a point of privilege, but it is certainly a point of view.

Mr. Pope: My question is to the Premier—

Mr. Ferraro: We have a question.

Mr. Speaker: After the two leaders' questions, it must start with the official opposition.

Mr. Pope: My question is to the Premier with respect to the current situation and the withdrawal of services across the province. I know the Attorney General (Mr. Scott) was enjoying himself and laughing about this situation, but there has to be some concern somewhere in this government about what is happening to the health care system in this province. It is not in hand. It is not in control. It is totally out of control.

I am talking about the cancellation of cancer surgery and the removal of fibrous growths. I know what I am talking about. I am talking about 16-year-old children who have had necessary treatment cancelled for asthmatic conditions. I am talking about a 60-year-old man who sat in a hotel room in Toronto for three days waiting to be admitted for a cancer operation.

These are referrals from all parts of the province into the medical centres of our province for needed medical attention and surgical procedures. They are being forgotten in all of this.

What is the Premier going to do to guarantee them proper access to medical care in the province?

Hon. Mr. Peterson: The honourable member puts the situation well. There is hardship; there is no question about that. I do not know the specific cases he refers to, but I can assure him the minister will pursue those if the member is prepared to share them with him.

We are being told that emergency surgery is not being cancelled and that medical judgements are being made in that regard. Presumably they are elective surgeries. I am not in a position to say

one way or the other, but I trust the professionals to make those judgements. That is the position of this government.

With respect to the urgency of the situation, the member could be constructive by persuading his party to proceed with the bill. If he could use his good offices and the senior voice he has in his caucus to proceed rather than to stonewall, we could have a resolution of the question.

Mr. Pope: The Premier knows very well, on the basis of the comments my leader just made, that this will not happen. The speeding up of Bill 94 will not solve this problem. It will not deal with the backlog.

Mr. Foulds: Try it.

Mr. Pope: Try negotiating with them for a change, you turkeys.

Mr. Speaker: Order. Would the member take his seat? I can wait. I was hoping a number of members would be able to ask questions.

Supplementary, and please direct it through the chair.

Mr. Pope: Can the Premier confirm that there are no medical assessments taking place on these cases, that there are no judgements being made on who will be admitted or not admitted, that these people are in fact prepurchasing tickets on the airlines and are having to cancel and pay that money, that there is no assessment being made by the Ministry of Health, that these people are getting no calls from doctors, no calls from hospitals, no calls from the Ministry of Health and that the situation is out of control?

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Peterson: The honourable member is making some serious allegations against the medical profession and he is entitled to do that in this House. They still have professional responsibilities, and in spite of the inconvenience at the moment, we believe they are still fulfilling their professional responsibilities in that regard. If the member has evidence of someone who was irresponsibly treated by a physician, I know the college would very much like to hear about that situation.

With respect to his second point, about the inconvenience to people in northern Ontario, that is perhaps a real problem. I would be very happy to give an answer if the member would like one. With respect to inconvenience, if we can assist under our northern travel assistance program those people the member is aware of, we will do everything we can to assist those patients and compensate for hardships in these circum-

stances. If the member has the names of people who have suffered those difficulties, let him please bring those names to our attention. We will make sure they do not suffer.

WORKERS' COMPENSATION BOARD

Mr. McClellan: I have a question for the Minister of Labour. Given that tomorrow the Workers' Compensation Appeals Tribunal begins hearings on the Villanucci case—a historic leading case before the tribunal, wherein one of the issues will be the meaning of subsection 45(1) of the Workers' Compensation Act, the subsection that establishes ratings for permanent injuries—I want to ask the minister why the director of medical services of the Workers' Compensation Board, Dr. Dowd, on the eve of this hearing, would uphold the use of the meat chart by the WCB in its interpretation of that subsection of the act?

Why would he make the ridiculous statements that board doctors use "universal medical guidelines when it comes to dealing with back injuries" and that "socioeconomic factors are not our business"? Can the minister explain whether this palpable nonsense from the medical director is government policy?

Hon. Mr. Wrye: I gather the honourable member is referring to the comments contained in yesterday's Toronto Star article. The issue of whether the payment of a permanent partial pension shall be for pain and suffering only or for the loss of income is an issue fundamental to the appeal beginning tomorrow before the Workers' Compensation Appeals Tribunal. In the past, the payment of a permanent partial pension has not in any way been involved in the loss of income and, indeed, that has been an area which has been widely criticized and which brought forth the first Weiler report and the recommendations contained therein.

We are waiting for Professor Weiler's second study on this matter, a new study he is undertaking for the ministry. We expect it by the end of this month. Meanwhile, we will be watching with interest this appeal before the appeals tribunal.

3:10 p.m.

Mr. McClellan: The minister did not answer the first question. Why on earth would the WCB retain J. J. Robinette to represent its case before the tribunal in the Villanucci case when the minister knows perfectly well the position Mr. Robinette expressed for the previous government was that this hideous meat chart, this ridiculous and unjust travesty of a meat chart, is the correct

interpretation of subsection 45(1)? Why is the government taking that odious position tomorrow during the Villanucci case?

Hon. Mr. Wrye: I assume the decision to hire Mr. Robinette was taken by the independent board of directors of the WCB.

The honourable member knows that we on this side of the House have also raised questions about the future of the meat chart and about the efficacy of its use in the future. Until new legislation comes forward and all members of the Legislature have a chance to review the findings of Professor Weiler, that is the method of determining permanent partial pensions that is now in place. Mr. Robinette will probably be placing the argument before the appeals tribunal that the interpretation the board has always put on the meat chart is the correct interpretation.

WASTE MANAGEMENT

Mr. Ferraro: I have a question for the Minister of the Environment—

Interjections.

Mr. Ferraro: I do not know why the Tories are heckling me. The question deals with waste management and is along the lines of the questions they have been asking this afternoon. I do not understand their reaction.

Interjections.

Mr. Speaker: Are you not going to ask the question?

Mr. Ferraro: I will now. I did not want to interrupt their playtime.

The question is of interest not only to me but also to the member for Wellington-Dufferin-Peel (Mr. J. M. Johnson).

As the Minister of the Environment knows, the city of Guelph and the county of Wellington have undertaken a significant and massive waste management study for the last several years, costing a lot of money. The report is out and the two recommendations are either to expand the existing site or to create an energy-from-waste plant in Guelph, particularly at the University of Guelph.

Can the minister tell my constituents, who have been calling me regularly, his ministry's position as far as the energy-from-waste plant being created in Ontario, with specific reference to the one at the Victoria Hospital in London?

Hon. Mr. Bradley: A number of options have been available to all the municipalities in Ontario that have come forward with their waste management plans, but the basic choice they have for the disposal of the large majority of their garbage has

been the option of either incineration or landfill. Both have their proponents and opponents in the area represented by the member for Wellington South and some adjacent areas.

The ministry is prepared to look at and evaluate all the proposals put before it for the disposal of what we call municipal garbage. There has been some considerable interest in the incineration of garbage in very recent times because of some reports that have come out. Our ministry is looking extremely carefully at all those proposals now. Up to this time, we have required that the best and latest available technology be installed in any of them. There are still those who see that as not being sufficient. We will have to evaluate everything when we take into consideration the proposals put before us.

Mr. Ferraro: Can the minister tell me what results, if any, he has experienced from the energy-from-waste plant at the Victoria Hospital in London? Second, what promotions for recycling is his ministry involved in?

Hon. Mr. Bradley: The first answer I can give to the member is that we have looked at a number of incineration situations in the province to determine how well they are working. The one at the Victoria Hospital in London is extremely recent.

The evaluation of incineration as one of the options must take into consideration not only our experience in the past, but also what we determine can be done in the future. For example, there is one in Prince Edward Island that is of some interest to people and testing has been done. There is also one in Quebec. We want to ensure there is the best available technology, but we cannot accept it if it does not remove the products we do not want going into the atmosphere.

The new program for recycling is tied to the new regulation related to pop cans. Considerably more money has gone into it and there has been considerably more promotion of recycling. We see it being an important component in dealing with municipal landfill problems in the future.

TECHNOLOGY FUND

Mr. Gillies: My question is for the Premier. With regard to the \$17.5-million grant to the Exploracom project, I asked 12 days ago in this House whether the Premier would be willing to share with this House anything and everything he might have that would dispel the impression that the Schwartz submission got special and extraordinary consideration from the government. Sev-

en days ago, I put questions in Orders and Notices asking whether he would table the submission by Mr. Schwartz to the technology fund and the minutes of the council of the technology fund. To date, he has not tabled any of this information or brought any of this information forward.

What is the Premier afraid of? Why will he not make this information available to the House?

Hon. Mr. Peterson: As I told the honourable member then, I am not afraid of anything. We will be very happy to share the information. There are no minutes of the council. I have not maintained that there are. If the member wants some of the information, the person he should be talking to is the former Minister of Industry and Trade, the member for Sarnia (Mr. Brandt), because it came to the government when he was the minister. He is aware of this. It all came through the bureaucratic process. The member was aware of the submission and it came to the government up through the system. It was approved by a group. It was included in the throne speech. I was under the impression the member wanted to discuss this in the standing committee on public accounts some time. I will be very happy to discuss it. We will be happy to share the information. There is no problem whatsoever.

The member said he supports the process. I recall him standing in the House and saying he supports the project and thinks it is a good one. The bureaucratic review of the situation supported the project. The member will be aware of that. When he knows more about it, I suspect he will stand up and say it is the most wonderful thing this province has ever had.

Mr. Gillies: I was under the perhaps rather naïve impression that the person I should question about this is the chairman of the Premier's technology fund, who is the Premier. He says there are no minutes. He has given the House no indication of what process was gone through for the approval of this grant. Officials of his government continue to tell me that there is no process and no criteria. "Do not bring any projects forward. There will be nothing there until the fall."

Will the Premier come clean with the House and put everything on the table as to how this grant was made and who approved it?

Hon. Mr. Peterson: I will be very happy too. I thought we answered this two weeks ago, but I will answer it again.

It came to the ministry in 1985. It was reviewed by the ministry. At that point, there was

no technology fund. This was not a direct application to the technology fund. It was a project that was in the mill from the previous government. It fitted perfectly with our objectives and cabinet approved the expenditure to conform with our new plans under the technology fund. It was budgeted to the technology fund. It is quite clear. I told the member that two weeks ago. I know it is hard to understand, but that is what I told him. I also told him it was a budgetary allocation. It did not exist when the thing came in. It is all there for people to see. I do not think it is hard to understand. It may be, but I do not think it is.

Mr. Warner: Mr. Speaker, I think you should send the phone back and then the member for Brantford (Mr. Gillies) can call the member for Sarnia and all the Tories—

Mr. Speaker: Question, please.

3:20 p.m.

JOB DISMISSAL

Mr. Warner: I have a question for the Minister of Colleges and Universities. I raise the plight of Richard Gerson, who was a faculty member at Sheridan College of Applied Arts and Technology. Since Mr. Gerson's dismissal has, at the very least, the appearance of being in response to his participation as a candidate in the last provincial election, will the minister conduct a full inquiry to determine whether Mr. Gerson was dealt with fairly by Sheridan College?

Hon. Mr. Sorbara: The allegations the honourable member makes are rather serious ones. I have not had any information about the dismissal or hiring of faculty members at Sheridan College. Neither I nor my ministry reviews hirings and firings. That is the responsibility of individual colleges. I am shocked at the allegations. I will look into them and report back to my friend if there is any sense of wrongdoing. I would be very surprised to hear that a member of a college faculty was dismissed because of his participation in a provincial election.

Mr. Warner: I am surprised and shocked that the minister is shocked, since I understand that concerns about managerial processes at work in the colleges are part of Mr. Pitman's mandate and flow from the Skolnik report. In that light, and assuming the government wants not an arbitrary managerial process in the colleges but a fair and objective one, will he at least conduct a full study of the process used in the Gerson case and then report the findings back to the House?

Hon. Mr. Sorbara: As I have already said, I will look into it. I am not about to suggest to the member that I will launch a full-scale inquiry. Colleges are hiring and firing all the time. With the new contract just being put in place, we expect substantial new hirings. There is also a periodic need for a faculty member who is not living up to his responsibilities and the standards in the colleges to be relieved of his responsibilities. While I will look into it, I will not endorse the member's comments that there has been some sort of impropriety. If there has been, I will report back to him.

COURTHOUSES

Hon. Mr. Keyes: On Monday, June 2, the member for Carleton-Grenville (Mr. Sterling) asked why the fire marshal's office had not acted with regard to repeated complaints, deficiencies and fire violations in both the Ingersoll and Woodstock courthouses.

There is no courthouse in Ingersoll, so I assume the member was referring to the courthouse in St. Thomas. That building is owned by the county of Elgin. The Ministry of Government Services, which leases the building, requested a fire safety inspection in the fall of 1985. That inspection was carried out by the local fire department. The responsibility for inspecting local buildings, including courthouses, is a local one.

The Woodstock courthouse is owned by the county of Oxford and leased by the Ministry of Government Services. An inspection was originally conducted by the local fire department in 1982. We now have an updated reinspection since the matter was brought to my attention as a result of a new inspection. Those earlier inspections confirmed there were deficiencies, notably with regard to the fire alarm system and the exits. Fire safety deficiencies are normally corrected through voluntary compliance by the building owner. If enforcement procedures are necessary, the local fire inspector serves an order on the building owner. The fire marshal is made aware of all orders issued in the province. No orders have been made by the local fire departments against either of the two courthouses in question.

However, the fire marshal encourages local fire departments to notify his office when they are proposing to take enforcement action with respect to any building owned or leased by the Ontario government. The fire marshal then acts as a liaison with the Ministry of Government Services and takes steps to ensure that the fire code is complied with. In the case of these two

courthouses, the fire marshal has agreed to liaise with the two counties in question.

Mr. Sterling: I thank the Solicitor General for his answer. It is indisputable that the Ministry of the Attorney General through the Ministry of Government Services is a lessee. First, does the government's lease not state the building has to be up to regulations? Second, under clause 3(c) of the Fire Marshals Act, the minister is ultimately responsible for the safety of that building. He cannot duck it on to the local official. When is he going to rectify this matter so that the safety of the courthouses in both Woodstock and St. Thomas is assured? When is he going to take some action?

Hon. Mr. Keyes: The action I have taken is to ask that both of those facilities be reinspected by the local people, and as soon as that inspection has been carried out, as it was just last Friday, we will get the report, we will study it and we will gladly assist in recommending any changes.

TARIFFS

Ms. Hart: My question is for the Minister of Citizenship and Culture. I have received a number of calls with concerns about the new federal tariff of 10 per cent imposed on books coming into Canada from the United States. As she knows, this affects not only American books but also most British and Commonwealth books and also books written by Canadian authors that are published in the US and overseas.

What are the implications of this tariff in Canada for this very important cultural industry?

Hon. Ms. Munro: The implications of the federal government's actions are indeed broad. It is believed the action was taken in retaliation for the shakes-and-shingles action. There is also some indication it is a symbolic reminder to the Americans not to tamper with our cultural industries. There are some concerns that this action will have an effect on our exemption from the US copyright legislation, which permits Canadian printers to export more than \$100 million worth of US-authored books.

There is a genuine concern by Canadian publishers who are involved in joint ventures, however, that they will be losing dollars in the case of reduced profits for presold books. As the member knows, the provincial government has made it very clear that we are concerned about cultural industries. Should this issue ever be brought to the free trade discussions, I am sure we will make our representations known.

Ms. Hart: I understand that bookshops are required to pay not only an additional amount of

10 per cent for the tariff but also, on each \$100 of an order of books, a further \$28 in customs brokerage fees. I also understand that our legislative library may well not be exempt because it is not a lending library. What action can Ontario take in this regard?

Hon. Ms. Munro: As I have indicated to the member, I presume the government will be sought out for input during the free trade discussions. It was not our responsibility to respond formally during those isolated instances, but now that the free trade discussions are on again, we will conform. The responses of the Canadian Book Publishers' Council and of publishers such as Malcolm Lester have been received by the federal government, and I presume Mr. Reisman will take this kind of input into consideration in the negotiations.

3:30 p.m.

PETITIONS

NATUROPATHY

Mr. Newman: Mr. Speaker, I have a petition from Alan J. Bell, doctor of chiropraxy and naturopathy, addressed to the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"Whereas it is my constitutional right to have available and to choose the health care system of my preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

It is signed by about 40 individuals.

EVICTION PREVENTION

Mr. Grande: I have a petition from more than 100 tenants from the riding of Oakwood.

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"We are tenants of the Oakwood-Vaughan-St. Clair-Bathurst area of the city of York. We are good tenants and want to stay in our homes.

"We want our landlords to maintain our buildings at a reasonable level and to perform the necessary maintenance and renovations. We believe that this work can be done without

evicting us or without forcing our rents to increase by double or more.

"More than 100 tenants in at least four buildings are already facing eviction because of the actions of property speculators. These tenants have done nothing wrong, yet they are being forced out of their homes.

"We call on our elected representatives to take strong and immediate action to save our homes and protect our rents from these attacks by landlords."

EXTRA BILLING

Mr. D. R. Cooke: Mr. Speaker, this is not a petition. I am rising pursuant to rule 18 on a question of personal privilege. Is that permissible?

Mr. Speaker: Try it.

Mr. D. R. Cooke: Last night, a debate took place on the Global television network in which Dr. Richard Railton, president of the Ontario Medical Association, made an incorrect statement which infringed on my privileges as a member of this House.

Interjections.

Mr. Speaker: Order. I appreciate all the assistance, but I cannot hear what the member is saying.

An hon. member: You do not want to hear it.

An hon. member: You do not want to waste your time.

Mr. Speaker: Order.

Mr. D. R. Cooke: Dr. Railton accused the supporters of the government of trying to trump up events of an emergency nature to support the suggestion that the doctors' strike—

Mr. Speaker: Order. I have to say it cannot be a point of personal privilege. You are referring to something that has been done by another person outside the House to someone else other than you.

Mr. D. R. Cooke: No. It was a reference to myself personally.

Some hon. members: Were you mentioned?

Mr. Speaker: Order.

Ms. Fish: Mr. Speaker, why don't you make him sit down when you are on your feet? You are always quick to call us to order for that.

Mr. Speaker: I thank the member for St. George (Ms. Fish) for her help. It is most helpful.

I believe the honourable member heard me refer to what is a point of privilege, and I gave quite a few items. I wish the member would refer to what I referred to.

Mr. D. R. Cooke: Yes, sir. The comments were made in that context; I was just raising the context. He said, "You know that Mr. Cooke from the Kitchener-Waterloo area advertised in the paper for people to come to him, you know, and we never heard any more about the problem."

I wish to indicate to the House that I have never advertised in any newspaper concerning Bill 94 or anything else that has to do with the current doctors' strike.

Mr. Speaker: Thank you for the information.

Mr. Rae: On a point of privilege, Mr. Speaker: I was listening to that debate, as I am sure many other members were. The member should know the confusion is as embarrassing to him as it is to the member for Windsor-Riverside (Mr. D. S. Cooke), who in 1983 launched a very successful campaign on extra billing. It was so successful it caused the Liberal Party to flip-flop and completely change its position just prior to the last election.

Mr. Speaker: Order. That is not a point of privilege. I am sure this one will be.

VISITORS

Mr. Shymko: On a point of privilege, Mr. Speaker: In the light of the request I made to you, as a representative of the members of this Legislature, to have His Eminence Myroslaw Cardinal Lubachivsky greeted from the Speaker's gallery, and in the light of the respect and dignity that has been accorded to him by all members of all parties of this Legislature, I would like to have an explanation of your refusal that he be a guest of the Speaker in the Speaker's gallery, presented by you, while athletes from Ontario and other individuals qualify for that. What criteria do you use when a man of his importance and dignity, and who symbolizes universally what he does as an individual, does not qualify to sit in the Speaker's gallery?

Mr. Speaker: Order. It is not a point of privilege. I will be glad to discuss that personally with the member and explain the reason.

Mr. Shymko: I would appreciate, Mr. Speaker, since some of us may be placed—

Mr. Speaker: Order.

EXTRA BILLING

Mr. Jackson: I have again this week several hundreds of signatures from constituents in a petition which states:

"We strongly oppose the unilateral actions of the Liberal government of Ontario which has

created an atmosphere of adversarial confrontation with the health care providers of this province.

"We deplore the disruption of our world-renowned system of private and public health care by the imposition of a state-controlled health care system.

"We, therefore, respectfully petition the government of Ontario to begin immediate and meaningful consultation with the health care providers of this province in a manner that will sustain the quality and excellence of health care for the people of Ontario."

INTRODUCTION OF BILLS

COUNTY OF HURON ACT

Mr. Reycraft moved first reading of Bill Pr7, An Act respecting the County of Huron.

Motion agreed to.

ST. ELIZABETH HOME SOCIETY ACT

Mr. Dean moved first reading of Bill Pr9, An Act respecting the St. Elizabeth Home Society.

Motion agreed to.

3:40 p.m.

ORDERS OF THE DAY

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Chairman: May we please have various members either take their seats or remove themselves from the chamber? It is too noisy to start this amendment.

Interjections.

Mr. Chairman: Order. Will the group up here by the member for Simcoe Centre (Mr. Rowe), the Minister of Education (Mr. Conway) and the past Minister of Education, please carry on its conversation elsewhere, please?

Yesterday we were at the minister's amendment of the addition of new section 4b. That had been moved and we were in the middle of discussion. However, section 4a had been voted upon.

Mr. McFadden: I had an opportunity overnight to review the Health Insurance Act again. I noted that the various committees provided for under this act—for instance, the practitioner

review committees, the medical review committee and the medical eligibility committee—all have a provision whereby there is a set number of members on each. Various criteria are set out as to whether they are to be physicians or nonphysicians, but in the case of all the other committees provided for under this act, there is either a provision for a minimum and maximum number of committee members or, in some cases, merely a provision for a maximum number.

I cannot understand why this amendment is now being put forward for this bill. For example, why are the other committee memberships not also being changed to be open-ended? Why are we merely dealing with subsection 8(1) of the Health Insurance Act? Will the minister be kind enough to explain to the House why this board is being treated differently from the other committees provided for under the same act, which appear to have fairly significant matters to deal with?

Hon. Mr. Elston: I have already gone over that several times. It may be necessary to refresh the memories of some of the members that this board is being given an extra duty under section 3a, as we spoke of yesterday and several other days before that. It is for that reason. We spoke at length yesterday about possibly needing more members on this board. That is why it is being treated differently.

Mr. McFadden: I have one question. In so far as the operation of this board is concerned, I notice the quorum requirement sits at three. That has not been adjusted. Would there ever be a time when it would ever sit as a board to look at anything, or does this board only sit in panels?

Hon. Mr. Elston: I spoke about that yesterday as well. The reason we are adding more people is that sometimes these people sit in groups of four. The minimum is three. They often require four to sit in case there is a problem in a longer hearing with one member not being able to continue. They do not like to start the process all over again. If there were two matters being heard, that could take up eight out of nine members. In this situation, under the current legislation, they would be sitting as single members.

Mr. Chairman: Before anybody else speaks, can this conversation to my right be held more quietly? I cannot hear the minister.

Mr. McFadden: The minister has not really explained, to my knowledge and satisfaction, the basis on which we need an open-ended board. I notice there is a provision that the number on the medical eligibility committee, for example, is

not to exceed 15. In that case we know we will have some idea the number of committee members to be provided for in that committee. I fail to see why in the case of the appeal board we could not come up with a number now, whether it is 11, 13, 15, or 12, 14 or 16.

It is bad legislation, bad policy in general, to create an open-ended situation on any government board. Surely someone reading an act should have some idea who composes a board in terms of the number on that board.

It is my view and the view of a lot of lawyers that far too much in the way of powers and the exercise of power has been delegated to regulation. It is difficult for a citizen to understand a lot of bills and so on by looking at legislation, because invariably most of the governing of legislation seems to fall under various regulations. For the average person ever to ferret through and locate the regulations is difficult. One might be able to find the statute but frequently the regulations are hard to find. I suggest the same principle applies here.

The way this should be approached on this board is that if there is a feeling that we need to increase the size of the board and if there is some estimate on the part of the ministry as to the number of members, the number of panels and the number of hearings that would be required, we could have a number set out here, be it 11, 13 or 15. I cannot see why this Legislature should pass on to the Lieutenant Governor in Council a blank cheque in terms of increasing the numbers of this board to an unlimited extent. Obviously that has some effect on the public purse as well, but in this case it should not be our main concern.

Our main concern should be to have this board function properly and effectively. We are not necessarily arguing that there should be no increase. What we are trying to get is a justification for the increase and some idea of what that increase should be. I am sure the minister is in a position to tell us whether he expects the number to go from nine to 11 or 15. I do not see any reason why this House cannot grant sufficient authority to the government to go up to a certain number. This unlimited power to appoint any number of members on this board is unjustified and bad law.

Mr. D. S. Cooke: Obviously we are going to be on this section for a long time since the Conservatives want to debate numbers. I might point out that one of the reasons for this amendment is there is an analogous situation, which the previous government understood very

well, and it happens to do with nurses in this province and the Health Disciplines Act.

The then Minister of Health, Mr. Norton, introduced legislation three years ago that we never were able to find time to deal with on our legislative agenda because of other pressing legislation. As a result, the number of people on the disciplines committee under the health disciplines legislation is not adequate, and we are now booking hearings to discipline nurses into late 1987 because that legislation was never dealt with and because the legislation has to be amended rather than having the flexibility of dealing with it by regulation.

If we want to deal with the profession fairly and with the hearings in a quick and fair way, both for consumers and the profession, then there should be flexibility.

3:50 p.m.

Mr. O'Connor: I was going to ask a question that perhaps was referred to by the previous speaker; that is, what exactly has been the problem with the current board in terms of the perceived need that the minister now sees for increasing its numbers? Has their performance been inadequate? Has it been substandard? Have they not been doing the job they are supposed to do? If so, why does he not get rid of that board and simply replace those numbers? On the other hand, if they have been doing the job adequately, if there has been a satisfactory performance with the board as it exists, why does he see the need to increase its numbers in an open-ended and unlimited fashion?

To support the previous speaker in this regard, if the numbers are open-ended, unlimited or considerably larger than at present, then in fairness there will be the necessity to employ these additional people on a rotating basis so that all will hear fewer hearings and sit less often; therefore, they will be less experienced in adjudicating the difficult matters that come before them. To be fair to them all, there will be the necessity of keeping them all employed on a rotating basis.

Does the minister not see the sense of at least establishing a set number, perhaps with a small increase in the existing number? If the problem is as previously stated, too many hearings which a nine-man board cannot handle, perhaps he could see the need to add three, four or five members, a set number, to keep within the usual approach on these matters in a myriad of boards and committees under many statutes of this province.

I would suggest the minister would have difficulty finding a circumstance where an

open-ended, completely unlimited number of appointees is permitted in any board in Ontario.

Hon. Mr. Elston: The official opposition has brought in some fresh people who were not available yesterday to hear one of the examples. The Ontario Labour Relations Board has an open-ended ability to appoint. It has nothing to do with the particular quality of people who are on the board now; the honourable gentleman should know that. We have people who sit and do a good job.

When we add extra responsibilities, we like to have flexibility as well. That is the reason for the request for this legislation being moved so we can have the flexibility to add people when we need them. We do not know the exact numbers, but at this stage it is enough to have the flexibility to add people so we can deal expeditiously with any reviews required under this legislation.

Mr. O'Connor: To a certain extent I can understand the minister's dilemma. The system is bogged down and there is a waiting list for hearings. He has some difficulty establishing how many additional bodies he may need to bring these hearings into a reasonable time frame and waiting frame.

Would the minister be prepared to undertake to this House not to appoint more than a certain, limited number given to us at this point and have the flexibility to do so up to that number? We would thus avoid what we see as a difficulty, that of a totally unlimited possibility for the appointment of additional people.

Perhaps he can give us a figure of five or seven, or some figure which he will guarantee will not be exceeded before coming back to the House in the next two years.

Hon. Mr. Elston: I am sorry; I did not hear the line before "coming back to the House in the next two years."

Mr. O'Connor: My point is that the minister could give us a limited number and agree not to exceed that number before coming back to the House or, alternatively, give us a limited number which he would agree not to exceed within a period of time, say two or three years.

Hon. Mr. Elston: We must be able to appoint the people who are needed to address the needs of the system. At this stage we have asked for an elimination of the capped numbers for this board. We wish to retain the flexibility of appointing people to meet whatever need is there. If we do not need them, we are not going to appoint them; it is as simple as that. If we do need them, we must have the ability to appoint them.

Miss Stephenson: The minister has cited the example of the Ontario Labour Relations Board, which has a natural kind of limitation upon it. The labour relations board's hearings are always presided over by one of the full-time vice-chairmen of the board. There is also the natural limitation of having a balance in each of the hearing boards, with a representative of labour and a representative of the employers. That is not the circumstance in this case. This is a different kind of board. It is an appeal board with a different quasi-judicial role from that of the labour relations board.

I understand the minister's perplexed situation at the moment in not knowing precisely how many he is going to need, but I would hope he might seriously consider a friendly amendment that would provide an upper limit on the number. The upper limit could be relatively generous—I would even suggest 30 or perhaps 36—to provide him with the kind of flexibility he is talking about. The minister should seriously consider having some kind of limitation placed upon the numbers to be appointed for this mechanism.

I remind the member for Windsor-Riverside that the numbers on the Health Disciplines Board can be moderated or changed by a simple amendment to the act, which can be brought into this House.

Mr. D. S. Cooke: It is not so simple, though. We have been waiting for three years.

Miss Stephenson: It may not be simple, but an amendment to the act can be brought before the House. If it is necessary, the same kind of arrangement might be invoked for the Health Disciplines Board. I am not sure it is the right thing to do, but it is something that could be considered in that situation. In this situation, which is related specifically and directly to appeals about the decisions taken by the general manager under this legislation, surely the sensible thing to do is to have some kind of flexibility within a framework. The framework could be a fairly generous number, which I would hope the minister might consider as a friendly amendment.

Hon. Mr. Elston: If the member wants to move that it be amended to say we have a generous number, or if she wants to provide 36, that is fine; I have no problem with her moving that amendment.

Miss Stephenson: What about 36?

Hon. Mr. Elston: She has suggested 36, and I do not see any reason I would object to 36.

Mr. McFadden: As I was listening to the minister, I found it interesting that he equated with this board and used as his supporting argument the labour relations board. The context in which the Health Services Appeal Board is created comes under the Health Insurance Act and is under health legislation. It is interesting to note, as one looks through at least all the health legislation, that boards are treated in a similar way, namely, in terms of a maximum number; some have a minimum, but all the others have a maximum number.

I hope I am not understanding from the minister that he is now equating the situation of the medical profession with labour relations negotiations. If he is, that is one of the real worries the medical profession has frequently talked about. Up until now, they have tried to approach the provision of their services as independent professionals, and that has been the manner in which Ontario has treated them.

4 p.m.

Part of the reason we have the problem today with the walkouts and the disruption of service is that the doctors feel the relationship between themselves and their patients is being changed. I found it interesting that even the minister himself brought up the labour relations board. That is exactly the kind of relationship the doctors do not want. They want to be able to maintain their status as independent professionals contracting with their patients. Most of the doctors accept the Ontario health insurance plan fee schedule anyway; so it is not a question of money. They believe it is important, in terms of the quality of the service they offer and the morale they feel they need as a profession, to be dealt with as independent professionals.

To have the amendment to the section governing the Health Services Appeal Board equated with the Labour Relations Act, while it may not have been meant by the minister, was perhaps an interesting psychological transference on his part to imply it is going to be the government's relation and attitude towards the medical profession in the future. That is exactly the thing that worries the medical profession so very much. The doctors are not comfortable being out on strike, having to appear before boards and being in an adversary role as they are today.

Mr. Chairman: The member should get back a little closer to the section 4b amendment, please.

Mr. McFadden: Yes, I will. In conclusion, equating the Health Services Appeal Board and

the way its appointment process is handled with the way the Ontario Labour Relations Board is handled is like waving a red flag in front of physicians. It will confirm in their minds the mindset of the government, at least to some extent, in its approach to doctors as a profession. If nothing else, it would be valid and valuable to put an upper limit, so the suspicion that this will be equated with the labour relations board will not become the current view of the medical profession. I do not think that will be very helpful.

Hon. Mr. Elston: There was no equation of this act with the Ontario Labour Relations Act, as the honourable member knows. He was here yesterday and knows full well that the former Minister of Education, the member for York Mills (Miss Stephenson), requested a piece of legislation anywhere in this whole province that had an open-ended list. This is one of them. Another was also brought to my attention, but this one is well known. The member knows full well there was no equation of these two statutes, and he does himself a disservice in trying to make that argument.

Mr. McFadden: What I said was that it was an unfortunate example to use in connection with section 4b.

Mr. Chairman: The minister has moved that the bill be amended by—

Hon. Mr. Elston: Dispense.

Mr. Chairman: Dispense? Agreed?

Some hon. members: Agreed.

4:45 p.m.

The committee divided on Hon. Mr. Elston's motion to add a new subsection 4b, which was agreed to on the following vote:

Ayes 61; nays 35.

The Deputy Chairman: Are there any questions or amendments to section 5?

Mr. Andrewes: I believe the minister has another amendment to section 4.

Hon. Mr. Elston: No. We did sections 4a and 4b.

Mr. Andrewes: There is a subsection 4b(2), I believe.

Hon. Mr. Elston: They were all moved, were they not? I moved them all.

Mr. Andrewes: No. I believe we carried only subsection 4b(1). We have some concerns about subsection 4b(2).

Hon. Mr. Elston: We moved the entire sections 4a and 4b at one time. We voted on

section 4a, as was requested. We did that and then we did section 4b. That was the motion.

Mr. Andrewes: I want to draw to the minister's attention that section 4b is not consistent with an amendment he accepted earlier in the discussion from the member for Carleton-Grenville (Mr. Sterling). We have one short amendment which would make it consistent with the intent of the member for Carleton-Grenville's amendment, which restricts the access of information and those people who would be disseminating that information to the general manager.

Hon. Mr. Elston: We voted on the section. I think we just voted on the amendment as put. I will take a couple of minutes to see what the problem is.

The advice of my assistants and the people from the ministry is that there is no need to amend that section.

Mr. Andrewes: Mr. Chairman, I hope you will check the record to determine what amendment the minister accepted from the member for Carleton-Grenville last Wednesday or Thursday. It is my understanding the intent of that amendment was to limit those people who would be providing information to the general manager. Therefore, it seems only reasonable that in moving this section the minister would want to be consistent with the intent of the member's amendment which he accepted last week. I would hope he might reopen that section so we could discuss it.

Hon. Mr. Elston: The information is that there is no need to consider an amendment. We know the subject matter and substance of that amendment. We will abide by that. Section 4b does not have to be amended in order that anything further comply with that amendment.

Mr. O'Connor: Let me address that matter for a moment—

Mr. D. S. Cooke: Mr. Chairman, on a point of order: Yesterday the Chairman of the committee of the whole House ruled that we were doing section 4a and then section 4b. We did it that way. We have taken the vote. The comments on trying to reopen the section are out of order. We must accept section 4 as amended and move on to section 5. We are not redebating the section.

Mr. O'Connor: On that point of order, Mr. Chairman: There is a clear inconsistency between the amendment made by the member for Carleton-Grenville last week and clause 44(2)(a) of the Health Insurance Act. In the interest of clearing up that clear inconsistency, I am sure the

minister wishes to hear remarks on that point at least and then determine whether it should be reopened.

The minister conferred with his officials without even looking at our amendment or without understanding,—I suggest, with the greatest of respect to the minister—the point we would like to make. There is a clear inconsistency. The Health Insurance Act refers to “the general manager and each person engaged in the administration of this act.” That wording was amended last week with the deletion of “each person engaged in the administration of this act” and by the insertion of “one other designee of the general manager.” Can the minister not see the need for consistency between the two acts?

Hon. Mr. Elston: I accept the advice of my staff that there is no need to amend this. That is an appropriate position on which to end this discussion.

Mr. Harris: Mr. Chairman, unfortunately, there is a hue and cry to dispense with the reading of what we are actually voting on. I admit I did not speak up and ask that you not dispense and that you read it. It will be the last time that will ever happen in this Legislature regardless of what it is. Our understanding is that we were voting on section 4a, and not sections 4a and 4b(1) and the whole thing. We have not debated that. Can I ask the Chairman to tell us what he intended to read, what he started to read before the word “dispense” came out?

The Deputy Chairman: I started to read and I heard comments from the floor that I should dispense. I was about to read subsections 4b(1) and (2). Then from the floor it was said, “Dispense.” I said, “Dispense?” “Dispense.”

Hon. Mr. Nixon: On a point of order, Mr. Chairman: I must admit I have not been following the details of this as closely as I should have. Somehow I have vaguely lost interest in some of this. My view is that if the official opposition feels it has missed an opportunity to debate a section, we have no objection—

Mr. Harris: Subsection 4b(2).

Hon. Mr. Nixon: My own experience is that we can spend a lot of time and suffer problems when there is no problem at all. We want this to get through, but we do not want any of the members to feel they have missed their opportunity to express their views properly or to vote the way they want. We want to co-operate.

Mr. D. S. Cooke: On a point of order, Mr. Chairman: If we are going to do that, that is fine, but we had a debate yesterday about whether we

were going to divide these sections for voting. At the time, the Chairman of the committee of the whole House decided we were doing sections 4a and 4b. We got here today and found we were going to take three separate votes. In addition, the Conservative Party filed with me two minutes ago a further amendment and, just before this vote, another on section 5. This bill has been before us since December 1985. Why did we not have these amendments?

Two rules are being violated; one, a ruling yesterday, and the other, a standing rule that these amendments are supposed to be filed ahead of time.

The Deputy Chairman: Thank you for your point of view. Is there unanimous consent that section 4b be reopened to debate?

Mr. Foulds: Like all members of this House, I seek courtesy, co-operation and kindness. On the point of order, however, it seems to me we violate at our peril the basic parliamentary rule that once a bill or a section is passed, it is not reopened at will or at whim. It is a very grave error in parliamentary procedure, because then the precedent is set.

Some members of our caucus would be very loath to reopen a section that has already been debated and voted on. However, if we had consent from all parties that the debate would not go on for longer than 20 minutes once this section was reopened, we might look on this much more favourably.

Hon. Mr. Nixon: I cannot agree with the honourable member who just spoke that this is some terrible precedent. There have been many occasions when the House has moved on in a bill before an individual, sometimes a party, has had an opportunity to express his views completely. My own experience is that we might as well do it first as last because people such as myself keep getting up on endless points of order and talking about it. I do not think it is a dangerous precedent and we might as well do it.

5 p.m.

Mr. Martel: I am only going to say one thing. Yesterday, at the request of the official opposition, the House agreed to split it into two sections, 4a and 4b. That was done to meet the request of the Tory party members yesterday. Today we come in, we vote the way they want us to vote and they say, “No, let us pull back and start all over again.”

There is nobody who can drag out time more than I can if I feel like it. I am prepared to concede that. But how many kicks at the can do

the Tories want before they get their house in order? They are like a bunch of kids. If they want something, they should tell us.

Mr. Harris: I will try very hard not to be provocative or to be taunted into being provocative. The kids reference reminds me of the Premier (Mr. Peterson) negotiating at a grade 8 dance.

To my understanding, my party has not discussed subsection 4b(2). We did not understand that we were voting on subsection 4b(2). We would like an opportunity to do that. If we were in error, we apologize to the Legislature for being in error. We are trying to proceed in the spirit of co-operation. We said to dispense with the reading. Our friends only bring to us a desire to say: "No, we cannot dispense with reading. No, we cannot do this." If we get into that way of proceeding in the House, not only this bill but also many bills will start to bog down.

We have not debated subsection 4b(2). We would like an opportunity to do that. If we were in error, we apologize and ask the consent of the House to deal with it now.

The Deputy Chairman: I will place the question again. Do we have unanimous consent that the section be reopened and reconsidered?

Agreed to.

Hon. Mr. Elston: Since I understand we have already passed subsection 4b(1), I will remove subsection 4b(2).

The Deputy Chairman: Subsection 4b(2) has been withdrawn?

Hon. Mr. Elston: Yes.

Mr. Andrewes: We concur with that suggestion. Shall we move on to section 5?

The Deputy Chairman: I am confused. You do not want to proceed with the subsection 4b(3) you submitted? You want to deal with section 5?

Mr. Andrewes: The minister has withdrawn subsection 4b(2); so our amendment has become redundant.

On section 5:

The Deputy Chairman: Mr. Andrewes moves that section 5 of the bill be struck out and the following substituted therefor:

"5(1) This act comes into force 90 days following the receipt by the parties referred to in subsection 5(2) of the mediator's report which will be made public within three days of receipt thereof.

"(2) A mediator agreed upon by the government and the Ontario Medical Association

representing physicians shall be appointed immediately upon passage of this act.

"(3) The mediator shall bring the parties together to develop and recommend the structure of the relationship between the government and physicians in the delivery of health care in Ontario."

Mr. Andrewes: We are proposing striking out section 5 of the bill, which is an open-ended proclamation depending on the will of the government to pursue that proclamation, and setting some terms and conditions upon which the bill would be proclaimed. We are proposing the amendment to provide some time for sober second thought and an opportunity for some relief from the situation that currently exists between the doctors and the government. We are proposing it, in the view of some, as a stopgap measure.

We are proposing it in an attempt to inject a voice of reason into the whole discussion at a time when dissension seems to prevail; dissension that, despite the minister's attempts at calming remarks today, will lead to a serious risk to the public's health.

It is a reasoned amendment. I prevail upon all members of the House to give it careful consideration and elicit their support.

Mr. D. S. Cooke: It will come as no surprise that we will not be supporting this amendment, which would have the direct opposite effect. The message that can be carried out of the Legislature today, if this legislation is passed, is that the tactics being used by the doctors of this province will not change the will of this Legislature or of the people of this province; this bill is going to pass, democracy will prevail and the majority of the people of this province will see enshrined in law their right to accessible health care without extra billing.

The tactics of the Conservative Party to delay passage of this bill are having a detrimental effect on this situation. This amendment would enshrine delay, the work stoppage would continue and the Ontario Medical Association and the doctors would get the impression that by withholding services, they could defeat Bill 94. As a Legislature, we have to get across the message that we are not going to withdraw the legislation.

Mediation and negotiation on the principle of Bill 94 simply will not work. There is no compromise on the principle of Bill 94. If the doctors of this province want to work out an agreement whereby Bill 94 can be implemented,

there is provision for that under section 2 of the bill.

5:10 p.m.

Mr. Chairman: To clarify this, did the member say he would not be supporting this amendment? Is that correct? I did not hear him.

Mr. D. S. Cooke: That is correct.

Mr. Chairman: Thank you.

Hon. Mr. Elston: We will not be supporting this amendment either. It has become clear throughout the long history of this that we have made efforts to come to grips with a way of coming up with a negotiated settlement that was possible to mediate. Compliance with the federal statute would be something, but one cannot mediate compliance. We must have compliance with that statute, in addition to invoking the end of extra billing in this province. We have had the campaign for about a year ago now, and we cannot support an amendment that is designed to postpone this bill for a further 90 days.

Mr. Pope: There is nothing more fundamental to our party's position from the outset in this matter than this amendment proposed by my friend the member for Lincoln (Mr. Andrewes). Very briefly, I want to quote from Hansard comments that were made.

"The government has written off one of the best health care systems in the world, a system founded on co-operation, negotiation and consultation, which recognized that the private sector and the individual professional had a role to play and tried to nurture individual professional responsibility and liability vis-à-vis health care being provided at the front line through day-to-day negotiation, discussion, caring and concern for individuals across this province.

"The government is willing to throw that away. It is willing to accept the dictates of the third party and throw the best health care system in the world into complete and utter chaos. I do not think that is appropriate. As my leader said yesterday, there are other ways to do it. Negotiation with the medical association has been done in every single province in which there was an end to extra billing.

"We saw the exchange of correspondence on January 21 between the Ontario Medical Association and the Premier. Both letters were made public, both clearly stating and reiterating the Premier's position that he will proceed with Bill 94 and not negotiate.

"The government took the same position on Bill 54 and Bill 55. There were no discussions with the pharmacists."

All of this was said in Hansard on February 12, 1986, by me as Health critic, with respect to what I foresaw happening down the road. That is precisely what has happened.

Mr. D. S. Cooke: That is when the member used to come here every day.

Mr. Pope: The member can make any comments he wants to make.

Mr. Chairman: The member for Windsor-Riverside (Mr. D. S. Cooke) will please not interject, and the member for Cochrane South (Mr. Pope) will not pay attention to it.

Mr. Pope: The member should ask the leader of his party why he is on the letterhead of a law firm in Toronto if he is not an active participant—

Mr. D. S. Cooke: You should get 40 per cent of your salary.

Mr. Chairman: Order. The member for Cochrane South will please address the chair and pay no attention to the member for Windsor-Riverside.

Mr. Pope: The member for Windsor-Riverside, as usual, has added nothing to the health care debate in this province for the past decade and never will. He will never add anything constructive to the health care debate in this province.

We have, as everyone has agreed, one of the best health care systems in the world.

Mr. D. S. Cooke: On a point of order, Mr. Chairman: In case there is anyone watching on television, let the people know that what we are talking about is the fact that the member for Cochrane South is a part-time member and collects two salaries.

Mr. Chairman: That is not an appropriate point of order.

Mr. Pope: I remind my friend that what he has talked about in this Legislature over the past decade can be put into one hour. He should not be so boastful. He has added nothing to the progress of health care in this province. He has torn it down.

Interjections.

Mr. Chairman: Order. Will the member please resume his seat. Things are getting a wee bit out of hand. Will the member for Windsor-Riverside please stop interrupting the member speaking, and will the member for Cochrane South please address the chair.

Mr. Pope: I am reminded of a former leader of the New Democratic Party who went to university at the same time he was holding the position in this House. They would not talk about it in those

days, though, not at all. They will not talk about their participation in law firms around the city. They will not talk about that at all.

The issue is too important to allow the dictates of the third party to run roughshod over the health care system of this province. We have one of the best health care systems in the world. Can we say that today, with what is going on in eastern Ontario and northern Ontario, with people waiting in emergency rooms? That is because there is no attempt at meaningful negotiation, no attempt at mediation. The Premier will not even pick up the telephone today to call Dr. Railton.

Miss Stephenson: Except that he took the telephone.

Mr. Pope: Except that he took the telephone.

Mr. Haggerty: You cannot get hold of the doctors; they are not at their offices.

Mr. Pope: He cannot get hold of them. That is funny. It seems to me that when the doctors go to the members' constituency offices, they are not available for them all of a sudden. They are important enough—

Mr. D. S. Cooke: How many hours is the member in his constituency office?

Mr. Pope: I am there more than my friend is. He should go and check. He thinks he knows everything.

Mr. Chairman: Would the member please address the chair. Please, other members, do not interrupt. Go ahead, the member for Cochrane South.

Mr. Pope: As I was saying—

Mr. Turner: What was the member saying?

Mr. Pope: That is not nice. The member used to be Speaker. He is not the Speaker any more; so he should not give me a hard time.

We have said repeatedly over the past few weeks that there has to be some other process; there has to be some negotiation. We have suggested a mediator. We think that, given the opportunity, a mediator can make some progress. We have heard what the doctors have said. We have heard what their spokesman said on Global television last night. We have seen their written statements and have heard their press conferences. They have said they are anxious to negotiate a resolution of this matter.

In spite of what the minister says, if we review last night's tape from Global, they also said, in fairness, withdraw or adjourn the bill; have a period of meaningful negotiation. That is what we have said since February 12. That was the position I took in the Legislature as the Health

critic for my party. It is the position my leader has taken in the Legislature on behalf of our party as far back as February.

Mr. D. S. Cooke: He does not know what he is talking about.

Mr. Pope: I do know what I am talking about. It is all on the record.

Mr. D. S. Cooke: We know he wants to withdraw the bill, and his leader does not have the guts to say that.

Mr. Chairman: Order.

Mr. Pope: I listened to the debate last night with the Minister of Health (Mr. Elston) participating. He gave two examples, one with respect to the financially disadvantaged and the other with respect to senior citizens, knowing the Ontario Medical Association had already offered some weeks ago to protect the senior citizens and the financially disadvantaged as part of the negotiations.

Mr. D. S. Cooke: Charity medicine.

Mr. Pope: The member may call it charity medicine. We have one of the best health care systems in the world. It was built with the help of doctors, nurses, Ministers of Health, hospital workers, caring professionals and technicians, who deliver one of the best health care systems in the world.

5:20 p.m.

Mr. D. S. Cooke: Those guys want charity medicine, the typical Tory approach to health care.

Mr. Pope: If my friend had his way with his ideology, his socialism—I remember very well the statement of the leader of the third party on February 11. He said, and I quote from Hansard: "There are those who say we are talking about the socialization of medicine. To those who say that, I say amen; we are talking about the socialization of medicine." He wants to dramatically restructure one of the best health care systems in the world on the basis of a political philosophy or ideology.

It is up to the government to bring about progress, improving health care in this province, by the same system that has worked over the decades through negotiation, discussion, co-operation and using a variety of mechanisms to resolve differences between health care providers and the government. Mediation is just one method and a very important suggestion our party has put forward. All we have had is derision from the New Democratic Party and opposition from the government party, and only one

member of the government party has stood in his place and indicated his opposition to the way the government has proceeded with this bill. His opposition to the—

Mr. D. S. Cooke: Conflict of interest.

Mr. Pope: What does the member mean, "Conflict of interest"? Can he not comment on issues that concern the people in his riding and the people of Ontario? I see. Every member of this Legislature has the right to make an individual and personal statement.

I indicated today some of the access problems. We have a referral system in this province, and if any one of the links in that referral system breaks down, the patient is now lost in the process.

I telephoned the minister's office today. I heard what he—

Mr. Mackenzie: Baloney.

Mr. Pope: Pardon? Ask the minister.

Mr. Mackenzie: Absolute baloney.

Mr. Pope: The member for Hamilton East (Mr. Mackenzie) is the expert on baloney.

I phoned the minister's office today with these—

Mr. Sterling: On a point of order, Mr. Chairman: The member for Hamilton East indicated that the member for Cochrane South was deliberately misleading this House. The member for Cochrane South said he had telephoned the Minister of Health. The member for Hamilton East said, "Baloney." Is that not a challenge of misrepresentation?

Mr. Chairman: It was not obvious to what he was saying "Baloney." I heard the word and it was not obvious. It is not a proper point of order.

Mr. Pope: I took it as a general comment on me and not with respect to anything specific I said. I do not take offence.

This is a very serious issue for those who are caught in the referral system. The local doctor makes the referral to one of his colleagues who is a specialist in a medical centre, be it Ottawa, London, Toronto or Hamilton—we have cases of all four—

Mr. D. S. Cooke: Why does the member not stick around here five days a week?

Mr. Pope: I love it when the member talks. Just keep talking.

A local specialist in a medical centre in turn books an appointment for a surgical procedure or treatment in one of the specialty centres.

We have brought to the minister's attention enough examples of people who, by reason of the local physician, the referring physician or the

Toronto specialist withholding services, are not able to get a clear and concise answer about the time of the scheduling of operations in the major hospitals in the big medical centres of this province. There are enough examples of people getting lost in the shuffle.

It may be elective surgery from someone's point of view. Whether it be an operation for removal of a tumour, for the removal of a fibrous growth, for treatment of a severe case of asthma or an exploratory operation to see whether the patient does have a cancerous or precancerous condition, these are the things that are happening. These are the anguished days people from northern, eastern and southwestern Ontario are going through.

It may be all right for someone somewhere to make an assessment that it is elective or nonelective, but these people have scheduled their holiday time or their time off work to be able to attend these medical centres in the province. They have booked their air flights to come down to be treated in the way they thought they would be and now cannot be, and they cannot get answers from anybody. If any one of the three reference points is withdrawing services, they cannot get an answer on whether to go ahead with their plans.

We have had cases where individuals have actually come to Toronto in the hope that they could get in and get an assessment. The problem we have is that the Minister of Health says there is the capacity to monitor, the capacity to make a medical assessment of the necessity of admission and of surgical procedures being performed. However, that capacity exists only in Toronto. One has to travel to Toronto to get that assessment done. This means a person could come to Toronto, having had a time scheduled for an operation, and someone might make the assessment that the person has to wait further down the list and might as well go back to Timmins, Kapuskasing or North Bay because he is not going to do the procedure until the withdrawal of services is resolved with the government.

People from all over the province are being inconvenienced. Not only that but there is the anguish, the worry of the families and the worry of the patients not knowing what the final diagnosis is, not knowing the consequences of delay of the medical treatment or of the surgical procedure—all of these things.

Mr. Sargent: What is the member stalling for? Pass the bill.

Mr. Pope: The passage of this bill has nothing whatever to do with the withdrawal of services or with the dissatisfaction and the chaos that reign right now in what used to be the best health care system in the world. The president of the Ontario Medical Association said that last night. He reiterated it today for the media. It has nothing to do with it. We are now at an impasse.

Mr. D. S. Cooke: Whatever he says goes for the Tories.

Mr. Pope: No. The member does not know what he is talking about. Our party has taken a position for some time now that we do not support a withdrawal of services. We are very concerned about the consequences for the public. We have said that from the outset.

Mr. Swart: Then sit down and let the bill go through.

Mr. Pope: The member for Welland-Thorold (Mr. Swart) makes the naïve assumption that to sit down and vote now automatically means that tomorrow morning all of this will pass and nothing will happen.

Mr. Swart: It will sure help. Give it a try. What does the member propose?

Mr. Pope: It will sure help? Tell me another one. My friend wants to play Russian roulette with the people of northern Ontario, eastern Ontario and this city. He can go ahead. We are more responsible. We are not going to do that to them. We want a resolution of this matter. We want a mediator appointed. We want the government to step in and end this withdrawal of services. We want it to get together with the medical profession and reconstitute that relationship of co-operation and negotiation that brought us one of the best health care systems in the world. We want them to do it through a mediator.

If the relationship among the minister, the Premier, the Attorney General (Mr. Scott) and the Ontario Medical Association is such that they do not feel they can discuss face to face any more and that this appears to be a fact, then let them bring in a mediator. Bring in somebody who can talk to both sides. Try to explore the positive things that could be worked out—for instance, the concessions that have already been made with respect to the elderly, the financially disadvantaged and emergency health care—and build upon those concessions. Include more and more as they are covered under the negotiated settlement. Resolve this dispute in a way the doctors have a right to expect by treating them as professionals and by treating individual professionalism as an

important part of the delivery of health care in this province.

Those are the kinds of issues our party and my leader have been concerned about over the past months. Those are the kinds of things we discussed right through January, February, March and April with respect to this bill.

We have heard the comments of the representatives of the government. We have heard the comments of the representatives of the third party. We still believe, on balance, that a negotiated settlement using whatever means is available to the government, including a mediator, is the best way to resolve the matter, to improve the quality of health care and to improve the coverage of health care to every single resident of Ontario.

The Premier and the Minister of Health have a responsibility to make sure that happens, because this is not going to end today with a vote; it is not going to end tomorrow with a vote. We are talking about an ongoing relationship between the doctors and other health care professionals and those involved in the delivery of health care with the government, their perceptions of their future role in it and their perceptions of their future role in professional decision-making and their relationship with the patients.

It is a serious matter. It affects the front line of health care, as the minister has said before, in the doctor's office, the patient-doctor relationship and how the government protects the common good in that context. One has to do it through a mature, negotiated relationship with the medical profession.

5:30 p.m.

For that reason, I urge the Minister of Health, the members of the government party and the members of the third party to support our amendment calling for a mediator, to suspend the impact of the bill and to allow a mediator to resolve a very ugly situation that is getting out of control. I ask the minister to reconsider his position for the good of the patients of the province.

Miss Stephenson: We have heard it suggested by the Premier (Mr. Peterson), by the Minister of Health and by members of the third party that the problem facing patients in Ontario, the problem of the disruption of the delivery of health care, will magically disappear as if a wand were waved over it as soon as Bill 94 is passed.

I do not know what material is in the food these people are eating or what it is they are smoking in their funny pipes, but they are not hearing the truth. They are not hearing the very factual

statements that have been made by the representatives of the Ontario Medical Association and the physicians who are actively involved in this impasse at the moment. The passage of Bill 94 will inflame even further the irritations that have already antagonized them. It will make the situation, as it is perceived by the physicians, far worse. It will ensure an increase in the level of antagonism and the level of activity by those who are absolutely enraged and frustrated by the actions of the government and the third party. It will not serve the members of the public in this province at all.

I honestly do not know what the members of the third party, or of the government party except for one rational member, believe will happen when Bill 94 is passed. Do they believe that simply because they produce an act of the Legislature there will suddenly be a complete change of heart on the part of almost 17,000 physicians who are responsible for delivering care and services to patients? Do they believe the action we saw yesterday will dissipate magically when this bill is passed?

Hon. Mr. Nixon: Sure it will.

Miss Stephenson: The Treasurer must be naïve. He honestly does not understand what has been done to the medical profession in this province.

Hon. Mr. Nixon: They are going to be mad for 30 years. They have been mad for 30 years.

Miss Stephenson: No, they have not. They have never been as angry as they are now. I do not know why he cannot understand this.

Hon. Mr. Nixon: The member was the president of the OMA and she was mad.

Miss Stephenson: When I got angry when I was president—

Hon. Mr. Nixon: The member was treated with kid gloves.

Mr. Chairman: Order. The member for Brant-Oxford-Norfolk (Mr. Nixon) can have his turn on the floor afterwards.

Miss Stephenson: When I got angry as the president of the profession, my anger was with members of the profession. It was not with government in all circumstances, except that one could perceive that we were in a very uncomfortable relationship with tensions from time to time, which were resolved. That can be done; tensions can be eliminated; they can be minimized.

I must tell the members of the House that at this point there is not a member of the medical profession in this province who would believe anything any provincial politician said, save

perhaps for 30 physicians who are currently members of the Medical Reform Group of Ontario. We have apparently lost any confidence they might have had in us in our relationship with the physicians of this province, and I understand that.

When they began negotiations with the government, which they agreed to back in December 1985, they believed there was an opportunity and a chance to try to resolve the difficulties related to the government's stated intention. They believed the government was going to participate in this negotiation or discussion with the kind of wholeheartedness they believe people of goodwill do in all circumstances.

They believed naïvely there would be some rational proposal by the provincial government that would give them an opportunity to solve the problem they perceive is the root of this confrontation. They believe they are members of a profession that has been responsible for the development in this province of the best health care system anywhere and that they have acted responsibly through all those years in toto.

They have made concessions. They have assisted the government in the development of the health care program. Through their participation they have ensured that patients have never had to worry about the cost of health care. They provided the service in almost all circumstances, except in some where there are no figures in the Ontario health insurance plan because one apparently cannot precisely establish a level of remuneration for some services.

They have worked co-operatively. They have participated, supported and assisted government through all the years of the development of a health care program, even though they were not the people who insisted it be brought in. The third party will be delighted to say they were dragged kicking and screaming into the health care program in Canada; it is not true. When it was introduced, they worked diligently to make it work. It has worked because there has been a degree of co-operation, because there has been a feeling we were mutually responsible and because there has always been a sense of professionalism on the part of all the physicians, and a sense that the guidelines, the rules of ethics and the rules of behaviour traditional in medicine would be honoured and understood by the government and would ensure a reasonable relationship with government.

Because of the action of the government, because of its single-minded, tunnel-vision approach, because of its absolute unwillingness

to move off its butt in terms of the position it took even after negotiations had started, there was no negotiation of the item at all. Because of the declaration of war by the government in the banning of extra billing, there was an escalation of rhetoric, on both sides I admit, but certainly a very significant escalation on the part of the government in public speeches and other kinds of activities.

As a result, I am aware that there is real disillusion at present within the profession, within the association; dreadful disillusion I have never seen before in the profession in Ontario, the kind of disillusion that has led certain of the senior physicians, who might not have made the decision quite so soon, to determine that they will cease practice in Ontario. If this bill is passed, they will retire. I am not kidding. The Treasurer need not look at me like that. This is a fact. I talk to these people.

Hon. Mr. Nixon: I am restraining my interjection.

Miss Stephenson: I am sorry, but the Treasurer does not have to restrain his interjection.

Mr. Chairman: Yes, he does.

Miss Stephenson: That is a fact and it is disturbing to hear people who have been very dedicated physicians in this province make that statement. They have made the statement. They believe the government and the third party feel there is no place for the responsible professional in the delivery of health care in this province. They feel that the government, with its adamant position, will not negotiate and will not let anyone who could be an objective outsider intervene or play a part in this, that it feels the only route is total control of the health care delivery system by the politicians in this place.

I have to tell the gentlemen, and I am speaking only to gentlemen, because I cannot see any other lady in the House at present, that they are wrong.

Mr. Breagh: On a point of order, Mr. Chairman—

5:40 p.m.

Miss Stephenson: I am sorry and I apologize to the ladies at the Hansard table. I meant the members in the House. The member for Oshawa correctly corrects me. There are also the pages. I meant the members of the House, if the member can understand that.

The minister simply does not understand what he has done to the profession. The one way he can resolve this is to make a gesture that he is willing to have a thoughtful, knowledgeable, objective mediator appointed to sit down with

both parties and begin to attempt to heal the wounds and resolve the issues.

That is not such an unusual circumstance. I cannot understand why the third party would not accept it with open arms. It is part of what it considers to be the only sacrosanct relationship in the world, the labour-management relationship, although I hope they do not think it is a labour-management relationship here. A manufacturer may believe he can manufacture widgets without a staff, but nobody on that side of the House or on this side of the House, save for one or two of us, could deliver health care without the professionals involved. I remind them of that. They are powerless to do what the law says they must do unless they have the co-operation of the health professionals. Surely they understand that to gain that co-operation, they need to move from the position of absolute cement-headedness that appears to have prevailed in this Legislature on the part of those who strongly support Bill 94.

Mr. Sargent: Time.

Miss Stephenson: Sorry, Eddie, you have had your time.

Mr. Chairman: Please refer to the members by their ridings.

Miss Stephenson: The member for Grey-Bruce (Mr. Sargent), the owner of Owen Sound, interjects.

Mr. Andrewes: The obsolete riding of Grey-Bruce.

Miss Stephenson: That is right; it disappears. Much of the tradition of the medical profession will disappear as well if Bill 94 is passed as it is at present.

I was heartened to hear today that the Canadian Bar Association—Ontario passed a resolution at its annual meeting over the weekend condemning the government's passage of Bill 94 as currently written. The lawyers recognize that the anti-professional, anti-intellectual pursuits of the members of the accord are leading all our paths in the direction of total control of all professions in the province.

I have a little difficulty understanding that they are going to do it to lawyers immediately because the Attorney General is a lawyer, the Premier is a lawyer, the Minister of Health is a lawyer and others are lawyers. The Minister of Consumer and Commercial Relations (Mr. Kwinter) is not a lawyer. Thank God, somebody over there is not a lawyer. There are too many lawyers on that side of the House to be comfortable about the government pursuing that direction immediately.

There is an absolute necessity on the part of this Legislature to consider seriously the amendment that has been introduced by my party as the only means at this time of removing the irritants and eliminating the apprehension. It could lead to a reduction in the confrontation going on right now. We are all apprehensive and concerned about the things that might happen.

No one who is a reasonable practitioner of medicine ever wants to withdraw services. I have never been able to understand how members of the profession could feel so strongly about anything that they would consider doing so. I recall discussions about what might happen as a result of the actions of the Quebec government in 1970. Please do not tell me they are praying for an apprehended insurrection and the introduction of the War Measures Act in Ottawa to solve the problem here. That is what solved the problem for the provincial government of Quebec in 1970.

Mr. Breagh: The member has to stop buying those cheap street drugs.

Miss Stephenson: I am sorry, but this is a fact.

Mr. Breagh: Absolutely.

Miss Stephenson: I am afraid these members are too young to remember. I was in Quebec at the time of that unholy situation. It was a situation much akin to what this government has engendered in Ontario. There was no recourse, because the introduction of the War Measures Act ensured that it all disappeared and dissipated. Please do not suggest to me they are asking for that to happen in Ontario. What they are doing is akin to the kind of action that was taken by the Quebec government in 1970 and has led to the dreadful situation in Quebec related to the delivery of health care.

Mr. Breagh: This is right on the amendment; I can see that.

Miss Stephenson: I am talking about the only route that will resolve a problem that is going to lead health care delivery in this province down the drain.

Mr. Chairman: The amendment talks about mediation, not about the War Measures Act.

Miss Stephenson: That is fine. Mediation is far better than the War Measures Act and I hope every member of this Legislature understands that. I am not sure they all do, but I believe they should understand that it is much better. It is a much more humane, much more human, much more sensible and much more just way to resolve the problem.

There is no doubt that the passage of this bill as it is currently written will not solve the problem. It will not end the withdrawal of services. It will not in any way alleviate the concerns of those who deliver health care. It will not improve the relationship between the health care professionals and the government. It will not provide any improvement to the health care system in Ontario.

Mr. Grande: It certainly will.

Miss Stephenson: You are absolutely naïve.

Mr. Chairman: The member will address the chair. Pay no attention to the interjections.

Miss Stephenson: The member for Oakwood (Mr. Grande) is infantile in his understanding of this problem and this matter. I abhor that lack of understanding, but there is nothing I can do about it, apparently.

There is an absolute necessity to develop some mechanism that will ensure there is some suggestion that the government understands what this is about. At the moment there appears to be no suggestion that the government understands what the fuss is about. The government persists in saying that this has to do only with its concern regarding the banning of extra billing. It has to do with a much more complex issue than that. Obviously, since the government did not succeed at eyeball-to-eyeball negotiations without help, there is no way in which it can be made to understand this other than with the help of a mediator. That is why it is absolutely essential a mediator be appointed.

Hon. Mr. Nixon: Does the member not believe in democracy?

Miss Stephenson: I believe in democracy, but the member opposite does not.

Hon. Mr. Nixon: Let a vote of the Legislature settle this.

Miss Stephenson: The member does not believe in democracy, obviously, because if he did, he would never have put the province in this bind, this situation into which he has thrust it today.

Hon. Mr. Nixon: The member is losing.

Miss Stephenson: I am not losing anything. I have not lost my self-respect, which is what that member has lost in terms of what the government is doing to the professions of this province.

I must insist that mediation is a route that could be accepted with honour by the government if it would understand what we are trying to do. We are trying to resolve the impasse. We are trying to ensure that there is a cessation of the difficulty

patients find themselves in at the present time. We are trying to ensure that there is a greater understanding on the part of both parties in this confrontation of the needs of the other. As I said, obviously they were not able to do it when they talked eyeball to eyeball without assistance.

5:50 p.m.

I was Minister of Labour for only three years, but I have learned the capacity, the capability and the talents of good mediators. They can bring results in what appear to be absolutely impossible situations. There is no doubt in my mind that we could find the appropriate mediator and that this individual could be jointly appointed by the two parties in this situation. I am not asking that all the parties be involved in it; although I know the optometrists and the dentists are concerned, it is not a direct attack on all of their professional activity, since so few of their services are covered by the health care insurance program in Ontario.

For purposes of ease and some reasonable aspiration to success, we suggest that the Ontario Medical Association and the government jointly appoint a mediator who would be jointly financed by the OMA and by the government to ensure there will be no imbalance of favour perceived or possible.

We believe that type of person can be found. It will probably be necessary to bring that individual in from some other jurisdiction at this point, because almost everyone in Ontario has developed some kind of mindset concerning this confrontation. I feel very strongly that type of mediator can be found. I am also aware that mediator, that superior individual—and I am not saying “he,” because it is more likely to be a woman than it is to be a man—

Mr. Grande: A member of the third party.

Miss Stephenson: A member of the third party, my foot. That would be absolute disaster as far as any mediation is concerned, because the New Democratic Party members' opinions have been set in concrete now for 20 years and there is no way they can hack them out, even with one of those marvellous jackhammers.

Mr. Andrewes: Mike Cassidy.

Miss Stephenson: Please, my heart. Let us not do that to the people of Ontario.

It is important that the government understand the purpose of this amendment. The purpose of this amendment is to try to ensure that there is a reasonable and honourable means of resolving the problem confronting us at present. That reasonable and honourable solution will not

detract in any way from the position of the government. It will not diminish its stature. It will not make it look less adult than it thinks it is. It will not increase any degree of childishness that it does not want people to perceive.

It will persuade the public that the government really has an interest in resolving the problem it has caused. Make no mistake about it: the government is the cause of this, and no one else. It is the cause because it has been persuaded by the third party that this is the only route to go. The third party, although it shares responsibility, is not in the public eye. The public eye perceives that the cause of this is the Premier and the little negotiating team who spend evenings discussing I do not know what without resolving the issue.

Mr. Chairman: Back to the amendment about the mediator.

Miss Stephenson: This is the only route that will provide the government with that honourable course, that will give it the out it is looking for and that will ensure it does not have the aura of having an adolescent need to control, which is what is being perceived out there in the public by a large number of people. It will ensure that the government's willingness to move in this very positive, sensible and rational direction demonstrates the maturity of its intellectual processes and its understanding of and sensitivity to the needs of the people of Ontario.

That is what the appointment of a mediator would do. That is the direction it could be pursuing if it were to consider this amendment seriously. It is the one thing the government can do at present that will resolve a problem that is currently insoluble. I do not know whether the government believes it can legislate all the health care professionals back to full-time activity, but I would like to see the piece of legislation that is going to do that. I promise that simple passage of Bill 94 as it is currently written will not stop what is going on right now. It will escalate it.

Does the government want that to happen? Does it want an escalation of the discomfort of the patients of this province? If it does not, then consider seriously the appointment of a mediator. The government members need simply to say yes to the fact that they are big people with big minds and that they are not little people with little minds trying to solve a great, big problem.

Mr. Wiseman: The member is expecting a lot from them.

Miss Stephenson: I suppose I am expecting a lot, but I do anticipate that there are men of honour sitting on the other side of the House. That is debatable at times, considering some of

the remarks the Premier made about the members of the profession with whom we were supposed to be negotiating.

It is obvious we need a mediator when the Premier makes the kinds of statements about physicians that he did, statements that have been quoted and recorded. When that kind of discussion goes on in the eyeball-to-eyeball situation, an objective, superior outsider is needed to guide the conversation to ensure there is some hope of resolution.

There is no hope of resolution at the present time with the direction the government is pursuing. It does not have a hope. Its only hope is that which can be provided by getting back to the table with someone who is going to be of assistance in sorting out the difficulties and providing a route to the solution of the problem. If the government cannot understand that, then the fate of the people of Ontario is sealed. If it cannot understand that in relation to this bill, it will not understand it in relation to anything. This province will suffer irreparable damage at the hands of the current government.

The government must know that many out there believe it should accede to this request to appoint a mediator. There are thousands of people who have been phoning saying, "For goodness' sake, make sure a mediator is appointed."

Interjection.

Miss Stephenson: They have been phoning. I am afraid the member for Grey-Bruce thinks I am exaggerating. I am not at all, and I can give him chapter and verse and lists. They may not phone that member, but they certainly phone us. We have the names of thousands of people who are saying: "This is the way to solve it. Why can you not persuade the government to do it?" Why can we not? Give me an answer. Is that not a reasonable suggestion? The minister may have an answer to that question.

We have not yet heard an answer from the Premier, except that he is saying we are expecting something as simple as a phone call to resolve the issue. That is not what anybody has been saying. We have been saying, "Pick up the phone, tell them you are ready to appoint a mediator and that will provide the route to the solution;" because it will. Members have heard it said by the president of the Ontario Medical Association and by the past president. They have heard it said publicly by members of the association, by individual physicians and by the executive director of the Ontario Medical Association.

It is not a trade union. Not everybody can be made to comply, but it can be persuasive if it wants to be. It has not been persuasive yet. It has been persuasive in the direction of trying to hold the profession back, unhappily.

The profession is angrier than any professional group I have ever seen. Even the teachers were not as mad about Bill 100 as the physicians are about this bill.

Mr. Sargent: Is that not too bad.

Miss Stephenson: What did we do with Bill 100? We amended it dramatically to solve the problem, with the help of mediation. Can we not do the same thing now? Is the government not concerned about the quality of the delivery of health care in this province? Is this not a matter that should be of absolute importance to it because the minister is ultimately responsible for the delivery of health care? Is there not some rationale it could provide to itself that would allow it to support this motion?

Mr. Sargent: It is federal law.

Mr. McKessock: Cry on Mulroney's shoulder.

Miss Stephenson: As the member for Grey (Mr. McKessock) knows, there is a resolution before the federal cabinet that the section of the iniquitous Canada Health Act, introduced by the government's kissing cousins in 1983—

Mr. McKessock: And agreed to by the member's.

6 p.m.

Miss Stephenson: —should be removed: the section that says the provinces should be penalized if there is any extra billing. That section is iniquitous because it talks about extra billing only in one area, and we all know that governments extra bill all over the place. Members of the Legislature extra bill when they sit in committee and get paid for it in addition to their regular salary. That is extra billing. Remember that. That is one of the things that is not fair within that act, and it is there only because there was a vindictive vengeance on the part of the then minister, who hated physicians with a passion. It is there only for that purpose and for no other. It is recognized by many that she was kept there to do that because her leader wanted her to ensure there would be a piece of legislation with that vindictiveness in it.

That resolution is before the cabinet. It is considering it even now. I do not know when the final decision is going to be made, but the resolution was made by the Nielsen task force. It is a sensible resolution because there is no

constitutional capability on the part of the federal government to so interfere with the delivery of health care in the provinces. Health is a provincial responsibility.

That is only part of the problem. What the government has done in pursuing singlemindedly an iniquitous piece of legislation has led to this impasse, which is causing great problems for the patients of Ontario.

There is a solution to this impasse. It is before them right now. It is the appointment of a mediator, jointly supported and selected, who will be of assistance and who will report. The report will be made public so that every member of the public can see exactly what the mediator has to say. Only at the end of the 90-day period following the report will this act come into effect. If there is no resolution within the time of the action of the mediator and within 90 days of the general publication of that report, then the act can come into effect.

We think this is a reasonable route to go. It provides a cooling-off period. It is the kind of route that can resolve the issue and be helpful in solving the problem.

I suggest that if the government does not understand the attitude and the feeling of the profession at present, it has not been listening. It cannot deliver health care, cannot provide a good service system and cannot provide commitment with professionals who are absolutely frustrated, totally unhappy and absolutely antagonistic towards government. If they do not understand that, there is no way I can persuade them we are going to have a very inferior health care system in this province. If they do not understand that the kind of conscription in this bill is absolutely damaging to the quality of the health care system in this province, there is no hope for any of us.

Those are the facts, gentlemen. Passing this bill as it is written will not alter those facts. As much as the pie-in-the-sky socialists would like them to believe that all they have to do is to pass a piece of legislation and suddenly everything will change, that is not reality. Reality is that human nature is a very significant part of the successful functioning of any system anywhere in the world, and nowhere is it more important than with the health care system.

Human nature permits people to become angry, antagonistic, totally opposed to circumstances and totally denigrating of the efforts of others. We have heard this from both sides in this impasse. To have that feeling persist after this bill has been passed bodes ill for the health care of the people of Ontario.

A mediator could modify that situation, could begin the process of healing those wounds, improving those attitudes and providing some solution to the fractured relationships. That is all that is necessary at this point: just the appointment of a mediator as embodied in this amendment to Bill 94. That will ensure that we pursue the right direction.

Mr. D. S. Cooke: That is pretty naïve.

Miss Stephenson: The member for Windsor-Riverside suggests it is naïve to move in this direction. The member is obviously a robot. He obviously has no understanding at all of the emotions of human beings, of the deep feelings engendered within human beings. He believes everything can be done by legislation and it is all black and white.

Nothing in this life is black and white, buster, and it is time he realized that. Life is made up of shades of grey that can be modified by the kind of direction we are proposing in the amendment. Those shades of grey can be taken from battleships, which is where they are right now, to silver, which is where they should be, because in that kind of silver shade of grey we know that the tensions which are productive, the tensions which move people forward will still be in existence. But they will be positive tensions, tensions that will improve the health care system. If we stay in the battleship zone, fellows, that is exactly what we are going to have: we are going to have war constantly, and that is not what we want within the health care system.

Interjection.

Miss Stephenson: I am not pointing at the member, I am afraid. No, I am not afraid; I am just not pointing at him.

What we need is some kind of mechanism that will ensure there is a painting of that palette which brings in other tones and other shades in order to relieve what appears to be unrelieved gloom right at the moment. There is nothing in this bill as it is currently written that will resolve the impasse. There is nothing in the bill as currently written that will ensure there is any return to normalcy as far as the delivery of health care is concerned. There is nothing in the bill as currently written that will even encourage health care professionals to function as they have traditionally functioned.

What is within the bill at the present time without this amendment will ensure that we have a very pedestrian, very uncommitted kind of health care delivery system; a system that will be unionized within one year in a way that will probably cost the government about one half

more in the total health bill simply because no physician in his right mind who is going to be so totally controlled by government is ever going to provide the kind of commitment and dedication he has provided in the past.

Why would he work 50 or 60 hours a week? That is silly. Nobody else does when the government controls him. He works 32 to 35 hours a week. Therefore, we will need a significant increase in the numbers of physicians to cover all of those circumstances. We also will not have them functioning without the kinds of benefits that other people get when they work for government.

This amendment will ensure that we allow the professionalism that has been a significant part of the health care delivery system to continue in Ontario; and that is really what we want, is it not? Do members want robots like the member for Windsor-Riverside delivering health care in this province? Do members want the Minister of Health delivering health care in this province? God help us if that happens. He may be able to examine one's tort, but he certainly could not examine one's tonsils and understand what was going on.

This is a solution, and it provides a solution that I believe the member for Humber (Mr. Henderson) could support without even being concerned about it. I believe this is the kind of solution the members of the medical profession, who are so vital to the delivery of health care, could support. They might not like it, but I think they would support it because it provides for them an honourable release from the difficulty as well. It demonstrates that there is some thought, some sensitivity, some understanding on the part of government.

Even if it is only a scintilla, as I have suggested before—and members know what that is: just a tiny flash of light—a little flash would relieve the unrelieved gloom that is out there right now. The members of the profession do not believe that any one of those members has any honourable intention at all in this bill—none. This would demonstrate that they really do have some honourable intentions. I think some of them do; I am not sure about all of them, but some of them do have honourable intentions in delivering health care in Ontario.

They are not going to do it with Bill 94 as it is currently written. They are going to destroy health care—nothing more, just the total destruction of health care. All I am asking of the minister is that he provide a route to a solution that will ensure we maintain the quality of health care.

Can you not think about it seriously? Do not chat with the member from Guelph. He is a nice guy, but the minister should think about it seriously. Do not sit there and wobble your head.

6:10 p.m.

Mr. Chairman: Would the member please address the chair?

Miss Stephenson: I apologize for not addressing the chair. I apologize for expecting the minister to consider seriously the amendment we are putting forward. I apologize for my naïveté in that direction. Obviously, he is not going to do it. This is precisely what is going to happen as a result of Bill 94, if passed.

Mr. McKessock: The ability to pay.

Miss Stephenson: That has nothing to do with it. What we will have is a skeleton in bed. That will be the health care system in Ontario if Bill 94 is passed without this amendment.

The minister shakes his head because the minister is truly naïve. He has not been around long enough to understand all the criteria that are necessary with respect to the delivery of any type of professional service in health. It is not the same as law, which is a good deal more precise. Law does not have the basis in science that medicine has although law does have a little of the art, but the art of medicine is even more dramatic than the art of law. It is exercised in slightly different ways, on a one-to-one relationship instead of before a judge.

The only solution I can see at present to the problem which the health care delivery system in this province is facing is the amendment we have moved in section 5. I have no doubt that the members of the third party will not consider it at all, because although they think mediation, conciliation, discussion and negotiations are the route to solutions, they do not believe so in this instance. They simply do not believe there is anything to be gained. They believe that what is necessary in this instance is the total subjugation, the total control of the health care deliverers, the health professionals, by government so that they, as politicians, can tell them where to go, what to do and how to do it.

That has not proved successful in any other jurisdiction. It will not be any more successful here. At this point, I believe we should remove ourselves from that great Canadian tradition, which has been to examine the world for programs that do not work and then import them into Canada as a solution to our problems. We in Canada have a strong history of doing this in a number of areas and I hope we are not going to be

seduced into the introduction of the type of system which Bill 94, as it is currently written, will provide for the people of Ontario. We do not need that.

We need thoughtful, sensible, sensitive groups on both sides, to understand the problems, and that they must co-operate and participate together in a co-operative stance to ensure that our health care system remains of the high quality it is right now.

That is my only plea. I hope it is not a plea which is falling on deaf ears, although I have doubts because I have not noticed any great attention being paid by the minister throughout all this discussion. I should have thought that he perhaps might have listened a little bit. He has not listened to the member for Humber and that worries me. I am concerned that there is no understanding of the absolute blackness which is out there right now with respect to the delivery of health care and the fact that it must be relieved. It will not be relieved by Bill 94 as currently written.

Our predictions before have been right. The government has paid no attention. The prediction now is that Bill 94, if passed as currently written, will escalate this unfortunate situation. The minister will unhappily understand it is the truth. I beg the minister not to let that happen because it is within his power to ensure it does not. We do not need war of the type he has initiated in the health care delivery system and which he is fostering right now. We need peace and co-operation to ensure a continuation of the high quality and the high dedication which has been a part of our system for many years.

I ask the minister one question which has to do with the need to appoint a mediator to ensure a co-operative, understanding and sensitive stance is demonstrated by government. Is the minister aware of any significant advance in health science, in medical care, in Quebec since 1970? Is he aware of any area in that province which at present supersedes Ontario in the quality of the delivery of health care?

Hon. Mr. Elston: Some creative things are being done with respect to research into acquired immune deficiency syndrome. That has been going on very well. There are some co-operative efforts going on. I know of some very highly qualified and skilled physicians in Quebec, for instance, on the one particular matter, just off the top of my head.

Miss Stephenson: I would remind the minister that most of the work being done is in private laboratories in Quebec, not under the aegis of the

government of Quebec in that area. The one major advance which Quebec did provide was CEA. That was developed before the introduction of the kind of system which is limiting. Unhappily, the same sort of thing is true in many other jurisdictions in which there has been total suppression and repression of the health professionals. I guess that is what the minister wants and what the third party wants. They want legislated, egalitarian mediocrity in health care. That is not what the people of this province are accustomed to. They are accustomed to a high quality of service provided by high-quality physicians who are dedicated, concerned and professional.

Bill 94, as currently written, removes all of that and ensures that there will not be that kind of possibility within this province unless the government demonstrates that it is willing to think about it.

Mr. Sargent: Why is the member sitting over there, then?

Miss Stephenson: I am sitting here, member for Grey-Bruce, because I thought I had a small contribution to make.

Mr. Sargent: Every day for three weeks the member has had the same contribution.

Miss Stephenson: At least it was based on thought and not on vacuous mouthing of New Democratic Party policies.

I still am pleading with the members of the government party, since obviously I cannot have any effect on the third party, to consider seriously this amendment which is put forward in good faith as a real solution to a very difficult and significant problem in this province.

Mr. Mackenzie: I want to join in the debate on this clause for a very few brief moments. I respect the opinion of the previous speaker and the arguments she is making but I must say it is a little bit much. When talking about angry and frustrated workers, I would remind members of this House about some of the angry and frustrated workers in the public sector in this province, or teachers or transit workers who have had the boom lowered on them, almost with abandon. I do not know of anybody who was more angry than some of those workers were.

It is obvious we are not in a labour-management situation. But when we talk about dedicated professionalism, a couple of things have bothered me in this dispute. One of them was early on when Dr. Myers, who was then president of the Ontario Medical Association, went on the John Hardy phone-in show in

Hamilton. One of the questions he was asked was whether or not the doctors would go so far as to strike if this legislation was pushed through. Myers's answer was: "I am not going to answer that right now. Ours is a very professional organization, unlike some of the unions, and we would have to contact our members and have a vote first." Insult and élitism really showed in those remarks.

I watched the debate last night and I heard Dr. Railton say that they had not directed the actions to close the hospital emergency wards, but a day or two before somebody had whispered in his ear. My God, they are going to try and talk to us about dedicated professionalism?

I watched on television last night while some of the doctors jumped the barricades in the front of the building here. I noticed we did not have the police there, just our own security people. If that had been auto workers, steel workers or packing-house workers they would have been hauled off to jail in one hell of a hurry. So do not give me this claptrap about dedicated professionalism.

6:20 p.m.

I want to make it clear concerning the amendment that is before us that I do not think one can appoint an arbitrator to arbitrate a matter of basic principle. I have no objection to their moving this amendment, but it is a little bit phoney. The reason is that we are now on section 5, which simply sets the date when this act comes into force.

What does this amendment do? It is very, very clear. I do not know what the member is talking about when she says, "Just accept this amendment and we will go along with it." Does it mean she will accept the bill in 90 days? That is what it says—unless, of course, she is hoping for some decision from an arbitrator. As I said, I do not think one can arbitrate a matter of principle.

Also, this amendment takes us back to square one. It is not just a change in the legislation; it is a last-minute attempt at the end of the bill to take us right back through the entire debate we have had up to this point, and that does not make any sense at all. It is a phoney amendment, and that is why I will not support it.

Mr. Andrewes: I am somewhat revived after the comments by the member for Hamilton East, particularly—

Mr. Foulds: The member for Lincoln was almost dead after listening to the member for York Mills.

Mr. Laughren: It is difficult confronting one's élitism, is it not?

Mr. Andrewes: Listen, if the member would pay some attention to what the member for York Mills was saying, he might have an opportunity to learn something.

Mr. Laughren: The member was the one who needed reviving.

Mr. Andrewes: I take some exception to the point by the member for Hamilton East about going back to square one. However, he is entitled to his view. He and I can agree to disagree.

Speaking to the amendment—which I assume is what you are getting ready to call me to order for, Mr. Chairman—as I said at the outset, the amendment itself is an attempt on our part to put to rest the current dispute between the doctors and the government. It is rather interesting that the government and the New Democratic Party have started during the last day or two to try to engender a thrust in the minds of the public that the passage of this bill would end that rancour. It is a strange sense of logic when it is the bill itself that has fostered the rancour. It troubles me somewhat that this attempt at logic perhaps has fallen prey to the ears of the New Democratic Party as it picks up that chant.

The minister has been indicating some concern to me about the time it has taken to debate this bill. He has consulted me periodically about our agenda on this debate. He has been indicating, through some of his comments and through comments of the New Democratic Party members, that we have been wasting time on these issues.

I would agree with one thing the minister has said: he probably does have better things to do than to sit here and listen to this debate. I expect he has many other things on his agenda, many things that probably would contribute significantly to an improvement in the health care system. That is why we find it passing strange that the government has placed such dramatic emphasis on Bill 94.

Now that the Liberal Party is in government, it has an opportunity to make a substantive contribution to the improvement of the health care system, and Bill 94 simply goes about dismantling an appropriate system that has stood well and served well the people of this province.

Mr. Chairman: Speak to your amendment.

Mr. Andrewes: With respect to the amendment, I have moved this amendment in order that we can find some cooling-off period under which reasonable discussions can take place between the medical profession and the government. If we as the opposition were to accede to the obvious desire of the government to pass this legislation,

we would be abrogating our responsibility to those many people in Ontario who oppose Bill 94.

The member for Windsor-Riverside has said that democracy will prevail. That is what he said at the outset of his comments on this amendment. When the final count is taken by Mr. Speaker, perhaps this bill will carry, but I say to the few members of the Liberal Party who might listen to some reasoned logic, that it is our obligation to speak for those people, whether they are in the minority or the majority. I am not here to argue that issue, but it is the majority of the people of this province who want an end to this rancour; it is a majority of the people who want their services restored, and who want to be able to go to emergency wards in hospitals and receive treatment. The passage of this bill will not restore those kinds of services to the majority of the people of this province.

Interjection.

Miss Stephenson: Tommy Douglas had enough sense to concede.

Mr. Foulds: On a point of privilege: As Mr. Douglas is not here to defend himself, I ask the member for York Mills to withdraw those derogatory comments about one of the great parliamentarians of our time.

Mr. Chairman: I heard some remarks and I do not believe there was anything derogatory.

Miss Stephenson: They were factual.

Mr. Foulds: I thought the member said something about stupidity. I thought that was an unparliamentary word.

Miss Stephenson: Oh no, that is not what I said.

Mr. Chairman: No, I heard it. It was quite the contrary. In fact, it was positive rather than negative.

Miss Stephenson: I was talking about Tommy Douglas, not the member for Port Arthur.

Mr. Foulds: That is all right then. I feel my privileges had been restored.

Mr. Andrewes: We were dealing with the subject of whether or not the passage of this bill

will end the current dispute. It is the opinion of the Ontario Medical Association that it will not. They have said no. Dr. Railton said that to the minister last night during their debate. It is the opinion of 27 doctors in the riding of Lincoln, none of whom is opted out, none of whom extra bills, that the passage of Bill 94 will not end the work action they are currently involved in.

The government and the New Democratic Party say it will; yet they have not offered anything to substantiate that allegation.

Interjections.

Mr. Chairman: The member for Nipissing (Mr. Harris) and the member for Essex South (Mr. Mancini) will please let the member finish. I point out the clock to the member for Lincoln.

Mr. Andrewes: This legislation affects approximately 10 per cent of the physicians in the province, yet as a result of its introduction, it has involved 70 per cent or 80 per cent of the physicians in the province in the dispute.

Mr. Chairman: Thank you. The time has expired. It now is 6:30 p.m.

Hon. Mr. Nixon: On a point of order: I ask for unanimous consent of the House for the debate to continue past the normal adjournment time.

Mr. Chairman: Is there unanimous consent of the House?

Some hon. members: No.

Mr. Chairman: I hear several noes to my left. There is not unanimous consent.

Hon. Mr. Nixon: I regret that.

On motion by Hon. Mr. Nixon, the committee of the whole House reported progress.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I would like to advise the House of a change in the order of business for tomorrow. We will deal first with second and third readings of Bills Pr18, Pr31, Pr42 and Pr50, followed by committee of the whole House on Bill 94, followed by committee of the whole House on Bill 30.

The House adjourned at 6:31 p.m.

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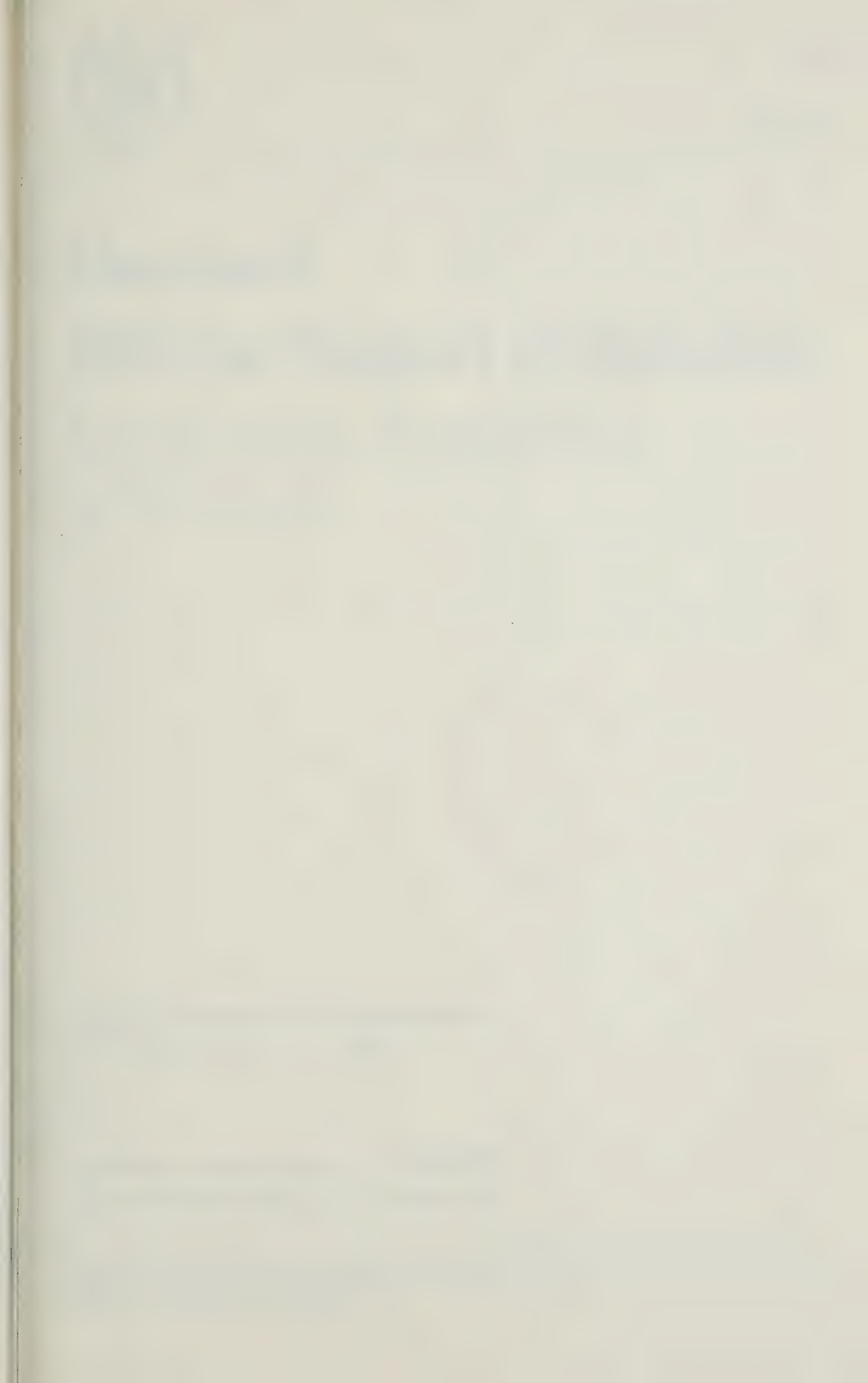
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Hansard

Official Report of Debates

Legislative Assembly of Ontario



Second Session, 33rd Parliament
Wednesday, June 18, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC

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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday, June 18, 1986

The House met at 2 p.m.

Prayers.

ROLE OF DEPUTY SPEAKER

Mr. Treleaven: On a point of privilege, Mr. Speaker: An article appearing this morning in the London Free Press makes this the first opportunity for me to raise this point of privilege. The article says in part at the beginning:

"Oxford Tory MPP Dick Treleaven will be fired as the Legislature's Deputy Speaker if he filibusters defending extra billing, NDP House Leader Ross McClellan (Bellwoods) warned Tuesday.

"McClellan said the New Democrats and Liberals will team up to oust Treleaven if he delays the proposed Bill 94 to ban extra billing by doctors by filibustering for two days...."

This is a classic point of privilege, an occurrence of contempt for the Legislature. An attempt is being made to stop me, the member for Oxford, from debating in the Legislature on behalf of my constituents. The said newspaper article and previous and other comments of the government House leader and the House leader of the New Democratic Party, with threats of strong sanctions being taken against me if I debate Bill 94 in this chamber, constitute an attempt to intimidate me and deprive me of my rights in this Legislature and deprive my constituents of their rights to have a free and unfettered member of the Legislature represent them.

Mr. Speaker, I suggest you find either (a) that this is a prima facie point of privilege and refer this entire matter to the standing committee on the Legislative Assembly or (b) that this constitutes a point of privilege and that the two said House leaders are in contempt of parliament and that they be brought in front of the bar of this Legislature forthwith and dealt with by this Legislature.

Mr. McClellan: Before I am brought to the bar of the House and presumably hung, drawn and quartered thereafter, I want to speak to the point that has been made by—and I stress this—the Deputy Speaker of this Legislature.

Mr. Treleaven: On a point of order, Mr. Speaker: The member for Oxford made that

statement from his place in this Legislature, and at that point he is not the Deputy Speaker. That fact seems to have escaped the NDP House leader.

Mr. Speaker: Order.

Mr. McClellan: The member for Oxford (Mr. Treleaven) has illustrated the nature of the dilemma that is before all of us in this House. As the member for Oxford, my friend is perfectly entitled to do whatever he feels he must do to represent his constituents. If that includes filibustering on Bill 94, and I believe he was the one who indicated to the media that he intended to speak at length on Bill 94 and on other matters in order to make points that were important to him and his constituency, he is entitled to do that, but he is not entitled to do that as long as he is the Deputy Speaker of this Legislature. It is as simple as that.

The member for Oxford is going to have to choose whether he is prepared to set aside some of his partisan concerns to serve this House as its Deputy Speaker. If he is not able to do that, then he has no choice. If he insists on representing his partisan concerns in a vigorous way, he has no choice but to resign his office as Deputy Speaker. If he does not understand that, then I have indicated, as far as our party is concerned, we will insist that he stand down.

Hon. Mr. Nixon: I am very concerned at the point the member for Oxford has raised. Concern has been expressed by a number of members after the news report that the honourable member was prepared to hold up legislation on the basis of his strongly held views on a matter of important controversy in this House. I would be the last to deny him the right to speak or even to hold up the business. Any private member of a political party has to use whatever capabilities he has in that regard. But I bring to his attention page 240 of Erskine May, which sets out the special responsibilities for a person who has the responsibility of Deputy Speaker.

In Erskine May, dealing with the Parliament at Westminster, the Deputy Speaker is referred to as the Chairman of Ways and Means. It says as follows on that page: "Impartiality. The Chairman of Ways and Means during his occupation of

that office follows the same tradition of abstinence from party controversy as the Speaker."

There are other things to be said there. I would be the last and no other member in this House would want to deny the honourable member every right that is his and that of every other member to take part in the debates and discussions. But if it is his decision to use whatever abilities he has to hold up legislation or perhaps to use the threat of that to change legislation, in my view, it is not consonant with his duties as Deputy Speaker. I do not see how he can do both. The choice is with him. It is completely unfair to make a choice like that the responsibility of the other members of the House.

Mr. Treleaven: I would like to reply—

Mr. Speaker: Order.

Mr. Harris: I suspect what we are debating here is a lot of "what ifs"—

Hon. Mr. Kerrio: We are not debating.

Mr. Harris: We are not debating? Okay. Could I enter in and offer some comments on whatever we are doing?

We are into an area of "what ifs." There are many "what ifs." The member in question has an obligation to his riding and an obligation as an MPP when he is not performing his duties as Deputy Speaker. As Deputy Speaker, he also assumes the role of Chairman of committees of the whole House. In that role, he has refrained from entering into any discussion during the committee stage.

If the members want to enter into "what ifs"—and when I conclude I suggest we do not, but since others have perhaps I should—there are many precedents throughout democracies and parliamentary systems, in Canada, in the United Kingdom and here in Ontario, where Deputy Speakers have on second reading, on readings other than in the committee of the whole House, entered into the debate and offered comments in their role as representatives of ridings. I suggest there are ample precedents for that, and if the "what if" comes about, obviously we will be pointing that out.

A lot of the discussion right now is in a realm we have not yet addressed. As I understand it, the member's point of privilege dealt with some discussions of a member of this Legislature with the media, and I suggest we stay within that, if indeed that is a point of privilege.

Mr. Treleaven: Mr. Speaker—

Mr. Speaker: Order. The member has had an opportunity to raise the so-called point of privilege. I have listened very carefully to all the

comments, and all members are certainly aware that we operate here according to the standing orders and the usages and precedents of parliamentary democracy here and throughout the Commonwealth.

As the member for Oxford has stated, this is a matter in reference to another member of this House. I believe such a matter could be dealt with internally within this House, and if any member is not satisfied with the way any presiding officer, myself included, operates, any member has the opportunity to present a substantive motion by way of want of confidence in that individual. It would be my view that is the way this matter should be dealt with.

I do not feel I can consider it a point of privilege at the moment with the information I have before me.

2:11 p.m.

MEMBERS' STATEMENTS

DISASTER RELIEF

Mr. Wiseman: As all members are aware, a tornado lashed through the province Monday evening, leaving in its wake an estimated \$4 million of devastation in eastern Ontario. Just over a year ago, a storm of a similar nature destroyed a section of the city of Barrie. At that time, the previous government responded quickly and compassionately to aid the victims of that tragedy. Once again, disaster has struck. Although the magnitude of the destruction may not be as severe, the very real loss and human suffering are equally as great. The efforts of the cleanup and the individual cost of reconstruction remain the same.

I have already received pleas for help from residents of my riding, and I know there are countless others, including those from areas held by members of cabinet, who are relying on our support. I urge the present government, through the cabinet, to move as quickly as possible to give serious consideration to once again assisting nature's victims.

DARLINGTON NUCLEAR PLANT

Mr. Charlton: It has been a year since the Liberals took office, a year of loud Liberal silence on the future of Darlington. Before the election, the Premier (Mr. Peterson) said on numerous occasions that Darlington was a colossal mistake and should be cancelled.

In April, the Minister of Energy (Mr. Kerrio) told the select committee on energy he would be making a statement on Darlington soon. It is our understanding the government's decision on the

future of Darlington has been made, but that statement has never been made in the House because of the unfortunate incident at Chernobyl making the statement politically unwise.

Instead, it would seem the government would prefer to wait for the committee to recommend a continuation of Darlington so that the decision, which has already been made, will be made first by the committee. Since the Liberals hold the balance of power on the committee, the decision will be made according to government direction. The government has made a de facto decision to continue Darlington but refuses to have it disclosed publicly.

Since they assumed office almost a year ago, almost \$2 billion has been spent on Darlington. In fact, rather than slowing Darlington, in many respects it can be seen that Darlington has been speeded up over the course of the past year. At a time when almost every country in the world is reviewing its nuclear program, particularly questions of nuclear safety, it would appear we are proceeding to head for 70 per cent reliance on nuclear energy in Ontario. This is not a balanced energy future.

DISASTER RELIEF

Mr. Mancini: I want to inform the members of the House of the immediate assistance offered by the Ontario government to the people of Jamaica as a result of the severe damage caused by a tropical storm that hit the island two weeks ago. This is in keeping with this province's tradition of providing relief assistance in cases of disaster.

We responded extremely quickly in this instance. In fact, 110 cases of canned goods accompanied Prime Minister Seaga on his return trip to Jamaica on June 7, following his private visit to Ontario. It was during this visit that the Prime Minister of Jamaica informed the Ontario government, through a conversation between himself and the Premier (Mr. Peterson), of the disaster that took place in Jamaica.

Members will be pleased to know that additional foodstuffs and supplies went to the island on Thursday, June 12. Antibiotics were shipped on Tuesday, June 17, and more clothing and goods donated by the private sector will be leaving as soon as transport service can be arranged.

On June 16, it was noted in the House by the member for High Park-Swansea (Mr. Shymko) that we should act; that was 10 days after we had already provided assistance to the government of Jamaica.

Mr. J. M. Johnson: On a point of order, Mr. Speaker: For clarification, is a statement by a parliamentary assistant not better addressed to this assembly through ministers' statements?

Mr. Speaker: It is a point of order. However, the standing orders do say that any member, other than leaders of opposition parties and ministers, can make statements.

LA SEMAINE FRANÇAISE

M. Guindon: Généralement, lorsqu'on parle de Cornwall, on pense automatiquement au chômage, aux fermetures d'usines et à la pollution.

Mais il arrive parfois et même plus souvent qu'on ne le pense que des bonnes nouvelles proviennent de chez nous.

Je me réfère particulièrement aux grandioses célébrations qui marqueront cette semaine la 24^e édition de la Semaine française. En effet, depuis 24 ans, des gens convaincus, des gens fiers de ce qu'ils sont et déterminés à demeurer francophones ont organisé un festival appelé la Semaine française qui met en valeur la langue et la culture des nôtres. Il va sans dire que cet événement annuel a su contribuer à ralentir le processus d'assimilation, surtout parmi la jeune génération.

Il ne faut également pas oublier que cette fête qui se tient du 14 au 24 juin attire chez nous des visiteurs de plusieurs régions frontalières, ce qui contribue en un sens à mousser notre économie touristique.

Par la même occasion, je voudrais saluer tous les francophones de l'Ontario qui, à l'approche de la fête de la Saint-Jean, fête nationale des Canadiens français, organisent des manifestations dans leurs régions respectives afin de démontrer leur fierté et leur attachement à leur langue et à leur culture.

Que ce soit les promoteurs du Festival franco-ontarien d'Ottawa ou les organisateurs des nombreuses fêtes qui se tiendront en régions, tous ces gens partagent le même objectif: vivre en français dans notre province, l'Ontario.

Leurs efforts sont grands et méritent d'être soulignés, voire même encouragés, non seulement par le gouvernement mais aussi par tous les résidents de cette province.

MINISTER RESPONSIBLE FOR WOMAN'S ISSUES

Ms. Gigantes: In the past year, the minister responsible for women's issues, the Attorney General (Mr. Scott), has proven to be an underachiever. He did see to family law reform

by following through on a Conservative bill, but has left widowed spouses on their own to fight insurance companies for pension benefits under the bill. He did fight to remove discrimination by sports associations against women, but he has not committed the government to affirmative funding of women's sports.

He did continue the Conservative advertising of assistance to battered women, but he has not provided for adequate programs for women who respond to the ads. Neither has he persuaded his cabinet of the urgent need for decent child care; nor has he crusaded for affirmative action employment and training programs; nor has he secured government funding of rape crisis centres.

His most outstanding noncontributions are on equal pay for work of equal value and access to abortion service. The minister responsible for women's issues has been responsible for excesses of creativity when it comes to schemes to delay equal pay for work of equal value. The minister has laboured mightily in speeches but has brought forward a legislative mouse: equal pay protection for 1.5 per cent of our paid women's work force.

On access to abortion service, the minister's score is not even 1.5 per cent; it is in the negative value range. He is using a bad law to punish desperate women and the doctors who provide them with service. He plays a prosecutor when he should be the advocate.

In sum, this minister has not been responsible and he should resign.

VENDING MACHINES

Mr. Pollock: On June 8, a 17-year-old lost his life while working. The accident occurred when a young man went to a vending machine to get a drink. After several minutes, his friends went to see why he had not returned. They discovered him pinned under the machine. Attempts to revive him failed, and he was pronounced dead at the scene.

There have been two similar accidents in Peterborough and one in Toronto in which others have died. One of these happened at the Holiday Inn and an inquest is pending. The government seems to have no guidelines on how to stabilize these machines. It is clear that if there had been stipulations governing the setup of the machines, these people would not have died so needlessly.

EXTRA BILLING

Mr. Morin-Strom: I would like to make a statement on behalf of residents of Sault Ste.

Marie who are very concerned about actions taking place in Sault Ste. Marie in regard to hospital services. The president of the Algoma West Academy of Medicine, Dr. Apostle, has asked all chiefs of staff and chiefs of services to resign in the hope of making each hospital's medical advisory committee ineffective. I hope the College of Physicians and Surgeons of Ontario will look into this situation, prompted perhaps by the Minister of Health (Mr. Elston).

VISITOR

Mr. Speaker: Just before I call for statements by the ministry, I would like to inform the members of the Legislature that we have today in the Speaker's gallery Mrs. Marsha Coggs, who has been a member of the Wisconsin Legislature for 10 years. She is also vice-chairman of the Wisconsin health care committee. Please welcome, with me, Mrs. Coggs.

2:23 p.m.

STATEMENT BY THE MINISTRY AND RESPONSES

DECADE OF DISABLED PERSONS

Hon. Mr. Ruprecht: In 1981, the International Year of Disabled Persons awakened people around the world to the rights, needs and capabilities of persons with disabilities. The government of Ontario, reflecting an ongoing commitment, actively participated in this world-wide event through such measures as the "Label us able" public awareness campaign.

Today, to sustain this progress, it is my pleasure to announce that the government of Ontario will proclaim the Decade of Disabled Persons within its jurisdiction. This action formally expresses the determination of the government of Ontario to promote the fullest possible integration of disabled persons in the mainstream of society. We recognize that both individuals and the community as a whole benefit when all persons participate in every area of social, economic and political life.

In Ontario, the commitment to respect the dignity and independence of disabled persons is one that all three political parties share. Our government has signalled its intentions very clearly by creating a new cabinet position specifically to address the concerns of this community. My role as minister is to co-ordinate internal government policies for individuals with disabilities. I am also responsible for the provision of information to disabled individuals and their families, public awareness initiatives to heighten understanding of their abilities and

liaison with community and advocacy groups representing their interests.

Our government is determined to accelerate progress towards a better life for persons with disabilities. In the past few months, we have demonstrated our resolve through several key initiatives.

Recognizing that equal opportunity depends to a large extent on a barrier-free environment, the Minister of Housing (Mr. Curling) and I have undertaken a review of the Ontario Building Code as it pertains to accessibility for persons with disabilities. We appointed a task force chaired by distinguished architect Pamela Cluff. It included representatives of the disabled community, designers, builders and government. We now are considering the group's recommendations, which would move Ontario to the forefront among Canadian provinces in barrier-free design.

Also, to strengthen the right of access, my cabinet colleague the Attorney General (Mr. Scott) announced our intention to repeal clause 16(1)(a) of the Ontario Human Rights Code. This provision currently bars any remedy for a disabled person who is denied employment, services or accommodation because of a physical barrier. Our proposed amendment would give the Ontario Human Rights Commission the power to order the person responsible for the premises to provide access if the alterations would not entail undue financial hardship.

In a second thrust to promote the independence and integration of persons with disabilities, we have enhanced the province's network of community support services. For example, my colleagues the Minister without Portfolio responsible for senior citizens' affairs (Mr. Van Horne), the Minister of Health (Mr. Elston) and the Minister of Community and Social Services (Mr. Sweeney) recently announced the phasing in of a new homemaker services program so more persons with disabilities may have the option of living at home with their families.

The government is also expanding the assistive devices program, which helps disabled persons with the cost of medically necessary equipment, aids and supplies. As of January 1, 1986, we extended the assistive devices program to disabled people 21 years of age and under. Beginning July 1, 22-year-olds will be included. In addition, prostheses such as artificial limbs will be covered for all age groups effective July 1. Respiratory equipment will be covered for all effective September 1. The government has made a commitment to expand the program

further to include all remaining categories for all age groups.

We have also announced plans to ensure the fair treatment of disabled persons in sheltered workshops and other work-related rehabilitation settings. In a statement to the Legislature recently, the Minister of Labour (Mr. Wrye) announced we will guarantee that those in a true employment relationship receive the minimum wage. We will ensure that individuals in these settings are protected by the Occupational Health and Safety Act, as are other workers in the province.

The strength of our commitment can be gauged by measures announced in the provincial budget by my colleague the Treasurer (Mr. Nixon). We have pledged \$10 million to promote greater participation of the disabled in the mainstream of social and economic activity. We have dedicated an additional \$5 million to expand and enhance housing programs to meet their needs better. We will spend \$17 million over the next two years to further the integration of the developmentally disabled into our communities.

In proclaiming the Decade of Disabled Persons, we challenge Ontarians to join in creating a society where all individuals have a fair chance to reach their potential.

As an immediate step to translate these ideals into action, the government will establish a community action fund for disabled persons. We will dedicate \$500,000 to this fund in the current fiscal year to support community initiatives to equalize opportunities. We will focus on projects that will help them achieve self-sufficiency or that build public understanding of their needs and abilities. Funding will be provided on a one-time basis rather than on an ongoing basis to encourage innovative ideas and help new initiatives get off the ground. Our overriding aim is to help special-needs groups gain control of their own lives.

The secretariat for disabled persons will manage the community action fund and implement a public awareness program in co-operation with other ministries.

Ontario is pleased to join in this concerted effort by the community of nations to promote equality for all human beings. We in government invite the disabled persons of Ontario to continue to work with us to open up opportunities and expand participation in the life of our province.

Mr. Baetz: When I began to read this voluminous statement that was handed over to us by the Minister without Portfolio, I anticipated

something extraordinary to be announced today. Instead, what we have is a statement by the minister responsible for tooting his horn. He is the horn tooter of the party.

He has done nothing here. It sounds like a Greek chorus to me. Repetition, repetition. There is absolutely nothing in this statement except \$500,000. Can members imagine? Every disabled person in the province today will jump for joy that the minister has announced \$500,000 to be matched by community organizations. The rest is all old stuff; statements we have heard from the Minister of Labour, the Attorney General and the Minister without Portfolio responsible for senior citizens' affairs, the Minister of Community and Social Services and the Treasurer.

Frankly, this is a rather dismal exercise on the part of the Minister without Portfolio. All I can say is, at least he has recognized the tremendous foundation the previous administration laid in truly helping the disabled in this province. More than that I cannot say. I cannot compliment him for anything. It is a sad day and a disappointment. Quite frankly, I think the Minister without Portfolio ought to occupy himself with something else, because he is contributing nothing to the disabled.

Mr. Rae: I want to express my profound agreement with the member for Ottawa West. Indeed, the Liberals are building on the foundations of the Tory party with respect to policies on the disabled. That is precisely the problem with this bafflegab statement we have from the Minister without Portfolio and without a great many other things as well.

For the minister to state with pride that the Liberal Party's achievement with respect to prosthetic devices has been to include those people who are 22 years old as opposed to those people who are 21 years old is a crying disgrace.

Hon. Mr. Bradley: It is a big step forward.

Mr. Rae: The Minister of the Environment, who is heckling me at this moment, will have difficulty looking in his mirror this evening as he goes back to his constituency and talks to those people who are 30, 35, 40 and 45 years old and who are paying out of their own pockets for things that ought to be part of a universal health care system in this province.

Hon. Mr. Bradley: It is a step forward.

Mr. Rae: The minister knows it and he is embarrassed. Every member of the Liberal Party with any degree of honesty in his or her soul knows full well that the failure to act with respect

to prosthetic devices is a crying disgrace in Ontario in 1986. It breaks its election promises. It breaks everything it stated.

Hon. Mr. Bradley: Moving forward.

Mr. Rae: Let me tell the minister this, since he has appointed himself a one-man heckling show over there, it is simply not good enough at the pace of adding on a year every year. We will be well into the 21st century before we finally do justice.

I am reminded that the Liberal Party adopted medicare as part of its official program in 1919. We are not prepared to wait and the people of Ontario are not prepared to wait for decency and justice for disabled and handicapped people in the province. Maybe the member is prepared to wait, but I do not think the people of the province are prepared to wait for that basic justice.

The minister got up today and said nothing, not a word about affirmative action, a government program with respect to employment, or the commitments, even the ones the Attorney General and the Treasurer signed in the accord with respect to an affirmative action program for the disabled. The Minister without Portfolio responsible for the disabled stands up a year later and shows how hollow is the Liberal Party's commitment. When it comes to spending money and actually investing in the future, they are not prepared to do it. The \$500,000 will hardly pay for the plaques that the Minister without Portfolio and minister for plaques has been handing out around this province.

It is an insult to the disabled to have a Minister without Portfolio who has no real responsibilities, no real clout in cabinet, no co-ordinating role, no authority with respect to employment and no authority with respect to housing. It is a mere tokenistic kind of appointment. This statement should never have been made. The fact that it has been made gives us on this side of the House an opportunity to say that the record this government has established with the disabled is no record at all.

They and the Tories may think they are building on the foundations that were laid by the Tories. That is precisely the problem. Those foundations were rejected May 2 last year. When it comes to programs for the disabled, the Liberal Party has betrayed the promise of that election and the negotiations that followed and the change that was supposed to come with the change of government.

Mr. Warner: I find the announcement of the Minister without Portfolio quite strange and curious in professing some concern about provid-

ing better services for the disabled when his government decided yesterday that it would not be appropriate for MPPs to make sure that their offices were accessible to the disabled. That is a strange contradiction. In passing, I also find it a little strange watching the Conservatives jump on the bandwagon of social issues. No matter how one paints a dinosaur, one cannot hide it.

2:37 p.m.

ORAL QUESTIONS

Hon. Mr. Nixon: There is my telephone.

Mr. Martel: The phone is back. Off with the glasses today.

Hon. Mr. Nixon: Send it over one more time.

Mr. Grossman: Not only can we not trust the Minister of Health (Mr. Elston) with patients, we cannot trust him with telephones. Anyway, his leader does not know how to use one.

Mr. Speaker: Question.

Mr. Grossman: We have a series of very crucial questions for the Premier (Mr. Peterson). We were notified that he would be in the House at 2:35 p.m. Is there some information from the government?

Hon. Mr. Nixon: On a point of order, Mr. Speaker: It is anticipated that the Premier will be here at approximately three o'clock. He is presiding at the opening of the Margaret Birch wing of Scarborough Centenary Hospital.

Mr. Grossman: Mount Sinai Hospital cancelled an opening the Premier was supposed to attend yesterday because it knew his presence would cause a great deal of difficulty.

EXTRA BILLING

Mr. Grossman: In view of the absence of the Premier of Ontario on this crucial day for the health care system, I have a question that I will ask of the Minister of Health. The minister has told us day after day that basically all we are seeing in the system is inconvenience. He has also assured us that he is looking after matters as best he can.

This afternoon I want to raise with the minister a case that concerns a constituent of the Speaker, the member for Perth (Mr. Edighoffer). The father of a 20-year-old woman in Listowel is today desperately trying to save his daughter's life. She is in hospital suffering from anorexia nervosa. She has dropped from 150 pounds to 82 pounds. She has had nothing to eat and only juice to drink for the last 16 days.

Her doctor is quite concerned that she may collapse without proper psychiatric and medical

treatment. That treatment is not available at the Listowel Memorial Hospital, where the minister attended a short time ago. For several months, the doctor has been trying to get the young woman into a major medical centre such as the University Hospital in London or Toronto General Hospital.

The family has been told for two months it must wait for space to be available in one of the treatment programs. Now that the strike is on, however, the doctor reports that the possibility of obtaining this treatment is nonexistent.

Mr. Speaker: Question, please.

Mr. Grossman: This young woman is not going to get treatment.

Mr. Speaker: Question.

Mr. Grossman: Mr. Speaker, your constituent phoned our office this morning because he has called you on five occasions asking for help. The member for Perth has diligently and loyally tried to serve his constituent by speaking to the Minister of Health (Mr. Elston) and taking the case up with him.

Mr. Speaker: Question, please.

Mr. Grossman: The caller called back this morning to say that despite all the calls to the Minister of Health by his member, the Speaker, nothing has come of it, and the member for Perth has had to say, "There is nothing the Minister of Health can do about it." Can he tell us—

Mr. Speaker: Order.

Hon. Mr. Elston: I cannot comment on why the physician was unable to get help for several months. I do not know which people have refused to see the girl during those several months. I will look into why people have refused to see or to treat her. I cannot comment on medical decisions that have been made by other people. The system is under the care of the physicians. That general practitioner must surely have been trying his very best during the past several months to get that help. I cannot explain why people have not been able to reply to his request for help. I will look into the matter much further and report back to the Leader of the Opposition (Mr. Grossman).

Mr. Grossman: I remind the minister that by legislation he is ultimately responsible for the care and safety of the health care system. This case has been raised with him by the member for Perth on four or five occasions. The member for Perth ultimately called his constituent back on four or five occasions.

Mr. Laughren: Is this your supplementary statement?

Mr. Grossman: If this is not important enough for his party, let the member for Nickel Belt stand up and say so.

Mr. Speaker: Order.

Mr. Grossman: After having assured this House he is looking into all cases raised by members and finding out what can be done, can the minister explain why, when the member for Perth has raised this case with him and his office on four or five occasions, only this afternoon he has promised to look into it?

Hon. Mr. Elston: The honourable gentleman is not providing all the details. It is very difficult when there are no names attached. If he would provide me with the name, I would be able to check on the information. The difficulty is, with somebody standing up and describing those details without names, dates and places, how can I comment without risking being inaccurate?

In one case, and I am not sure that this is the one, we were in touch with two or three people in that town. I presume it is the same one. Several weeks ago, we advised that there should be a visit to a hospital facility where there is an emergency department that has an anorexia facility on site. I am not sure that is the right case. I am sorry, I have to know the details so I can respond in a reasonable way with a degree of certainty about the facts. That is the best I can do without enough information to be confident the information I am providing is right. I will tender that as the information I can make available to the member at this point, guessing about the details.

Mr. Grossman: The family has indicated we can make all the information available because it is so desperate.

I want to emphasize that the question is not whether the minister has an answer to this matter this afternoon, the question is, how can he assure the public of this province, through this House, that cases raised with him will be resolved by him and that he will look after them so they do not have to worry, when the Speaker, the member for Perth, has been trying to help in this desperate situation for several weeks?

Hon. Mr. Elston: I told the Leader of the Opposition that I can respond with a degree of certainty only when I have been given the details of the case. He has provided a very minimal set of facts. I do not like to guess. I have done that in my answer to the second part of his question.

However, we did suggest a means of responding to the need. I guess it was not acted upon in that one case. The member is not right. We do take our activities extremely seriously, but when

he stands in the House and does not provide the details, I cannot answer with any degree of accuracy.

One thing the member can do to help us to move forward in the development of the health care field is to help us pass the bill as quickly as possible.

Mr. Grossman: The member for Perth has to desperately report to his constituent that the Minister of Health can do nothing to help a seriously sick young woman.

Interjections.

Mr. Speaker: Order. Would the honourable member take his seat? Does he have a new question?

Mr. Grossman: I have a second question of the Premier but we will stand it down until he arrives, or we will see what happens if he does not arrive.

Mr. Speaker: Is the House agreeable to stand down the question?

Agreed.

Mr. Rae: In view of the absence of the Premier, I have a question of the Minister of Health. I am sure the minister knows that the House spent 13 days on second reading of this bill. We spent 19 days in committee and we have now spent 10 days in committee of the whole House, including today.

Does the minister not agree with me that, first, we need back-to-work legislation as far as the Tory opposition in the Legislature is concerned to get Bill 94 through? Can he tell us what steps he intends to take to see that Bill 94 is passed by this Legislature so that a clear signal can be sent to the Ontario Medical Association with respect to our position on extra billing?

Hon. Mr. Elston: I agree that I would like to see the bill move somewhat more quickly than it is moving. We have spent whole afternoons to do one section at a time. I cannot control the activities of the official opposition. I am not sure that anybody can control that membership. That is a concern that must be expressed by the public at large, that there is no control in the manner in which this bill is being currently debated.

I would like to see it move along much more quickly. I would like to see this afternoon's debate proceed, and assess at that time what is required.

Mr. Rae: In this province there is a strike which is seriously affecting the ability of citizens to get access to health care. At the same time as the strike is going on, we have had a systematic filibuster, holding up legislation which expresses

the view of this Legislature and the people of this province with respect to extra billing.

We are now entitled to ask the minister, as spokesman for the government, what he intends to do. What steps does he intend to take to see that this debate, this filibuster, is brought to a conclusion and the bill voted on, and to see that a clear message is sent to the OMA from this Legislature with respect to the end of extra billing? There can then be no illusion as to what the majority view of this Legislature is and the majority view of the public of Ontario is with respect to extra billing in Ontario.

2:50 p.m.

Hon. Mr. Elston: There is no misunderstanding in the public as to the view of the majority of this Legislative Assembly with respect to this bill. It knows that this bill is going to pass. We know that the majority of the members of the Legislative Assembly are committed to ensuring that extra billing in this province ends. It will be brought to an end. We will process the bill and we will debate the bill. I am in a position to call for an extra sitting this evening if that is required to complete the clause-by-clause discussion and I am prepared to sit here all evening, if that is appropriate to finish this bill.

Mr. Rae: As I indicated earlier, we are happy to sit as long as it takes to get this legislation through. We challenge the Tory party today to stay in this House until such time as the legislation is through and until such time as Bill 94 is passed. That is the challenge we issue to the Tories. They are the ones who are sending out the wrong message to those physicians and those strikers who are denying the patients of this province the health care they deserve.

Mr. Speaker: Question.

Mr. Rae: In the event that the Tory party indicates it is not prepared to sit, not prepared to deal with this legislation and not prepared to get it through, is the minister prepared to recommend to his cabinet colleagues that we allocate time in this Legislature to bring the debate on Bill 94 to a conclusion?

Hon. Mr. Elston: We have debated this bill at length. I know the public has seen us debating and making sure we can come up with the best bill possible. My opinion is that we should take extra time, if that is required this afternoon, to sit and deal with the clause-by-clause. I am prepared to do that and the members here ought to be prepared to take that step to ensure that Bill 94 is passed. With that in mind, we look to progress

this afternoon and I will assess the situation later in the afternoon.

Mr. Rae: I have a new question to the same minister. Does he consider that as minister he is responsible for ensuring access of patients to the health care system, or does he regard that as the sole prerogative of the College of Physicians and Surgeons of Ontario?

Hon. Mr. Elston: The honourable gentleman will know that in terms of access a number of people have worked together to ensure that there is access. We have worked in the past and will continue to work at ensuring access to the health care system on the part of the patients of the province.

Mr. Rae: The minister has not answered the question. He will be aware of a number of statements today in the press by members of the college of physicians and surgeons indicating that they agree with the actions of the OMA, that they support the strike action by doctors and that they do not agree with the steps that were taken in 1982.

Given that clear endorsement of strike activity and the denial of access to health care by members of the college, which is supposed to be responsible for disciplining members of the profession who deprive patients of health care, what does the minister intend to do about that?

Hon. Mr. Elston: I have to answer that question in the past tense. I have already done something about it. I have been in touch with the college and found out, for instance, that the registrar to whom some quotations were attributed has received an apology from the reporter indicating that the quotations were incorrectly attributed.

I know the college is concerned about quotations that are attributed to two other members of the college. They are looking at that very question this afternoon at their extraordinary meeting.

Mr. Rae: Dr. Shelley McLean, president of the medical staff at the Ajax and Pickering General Hospital, was on television last night. I am sure the minister will be aware that Dr. McLean said on The National on CBC, in a report by reporter Claude Adams, "If one patient dies now, we may be preventing 100 patients dying in five years because of lack of access to health care." Has the minister referred Dr. McLean's outrageous and thoroughly unprofessional comments to the college of physicians and surgeons, and if not, why not?

Hon. Mr. Elston: First, the only reason this matter was not brought up in my earlier discussions with the college was that I did not know the name of the physician. I had only heard about the reports. I was not in a position to do much media gazing or watching these last few days, but I find the honourable gentleman's description of that statement to be an accurate one and I intend to refer that matter to the college.

I do not think there is any physician in this province who, as part of his or her training, would follow seriously what the member has reported as a quotation. Even those people who are in emergency rooms that are on restricted service are assessing people as they come in the door. They are delivering medical decisions, rendering judgements, and in my opinion that statement is not indicative of the medical profession in this province.

Mr. Pope: I have a question—
Interjections.

Mr. Pope: The member is with them, so do not worry about it.

Mr. Breaugh: Is there a lawyer's strike too?

Mr. Pope: The member should ask his leader.

My question is to the Minister of Health arising out of a question I raised with him yesterday and a conversation we had after question period. Can the minister explain in detail to me and to the people of this province what monitoring and what medical assessments are going on with respect to referral patients to Toronto, whether they be from Listowel or northern Ontario?

Hon. Mr. Elston: Yesterday the honourable gentleman asked the question of the Premier in the House. We had a concern expressed yesterday about those referral patients who were unable to get information from their physicians. In a situation where people have a concern about whether a referral from northern Ontario or any other facility to another physician is in question, we would advise they contact our hotline so that we can make further inquiries on their behalf.

In my conversation with the honourable gentleman yesterday, I expressed concern that there was difficulty for patients in getting information when the patients' physicians were not able to provide those answers. I still have that concern. First and foremost, the patients must make extraordinary efforts to get their own general practitioner, or whoever they have been referred by, to give that information to them about the success of a referral, as to whether somebody is or is not working.

Mr. Pope: Under law, the minister has a responsibility to the people of this province for the delivery of health care. The fact is that when one calls the ministry hotline, as our party did over the last two days, one is told to get in touch with the emergency department of a local hospital. The people who are being referred to Toronto hospitals have nowhere to call to get an answer. The minister said two nights ago that the situation was in hand. Dr. Railton said the situation was in hand; there was only minor inconvenience. That is not true. There is no control. There are no medical assessments. There is no monitoring going on of referral patients from other parts of the province to Toronto hospitals. How can the minister still claim the situation is in control?

3 p.m.

Hon. Mr. Elston: In situations where there is a concern expressed such as that, particularly if people are being referred for surgery and cannot reach their family physician, a good piece of advice is to go to an emergency facility if it is of an emergent or critical nature. If it is in the member's home town, for instance, what about going to that one, because one may find the family physician is on duty in that emergency room?

The concern the honourable gentleman raised with me yesterday after question period is a real one for me, because in that situation extra steps have to be taken to contact the family physicians or the specialists to whom the person may have been referred.

In this case, that is the best piece of advice, but if a medical assessment is required, obviously people are going to have to contact the emergency room to find out whether a further assessment can be made there. I still have concerns when it is difficult to reach the physicians but, generally speaking, physicians are available to make those medical assessments.

DARLINGTON NUCLEAR PLANT

Mr. Charlton: I have a question to the Minister of Energy. The minister is aware that since the government was formed last June, an additional \$1.9 billion has either been spent or committed on the Darlington nuclear power project. Each day that passes means millions of dollars in terms of Darlington.

The minister promised in April there would be a statement very soon on the Darlington question. Can the minister confirm for this House that the government has made its decision on the future of Darlington, and can he explain why that

position has not been put in the House as he promised?

Hon. Mr. Kerrio: I think it has been made very plain that this government has not made a decision on the completion of Darlington. The honourable member should know better than anyone else that this government reconstituted the select committee on Ontario Hydro affairs, which was disbanded by the previous government when it formed a majority. We are placing a very high priority on the select committee on energy.

We certainly have not made a decision, and such a decision will be shared here in the House before it is shared anywhere else.

Mr. Charlton: The minister referred to the select committee. He should realize the kinds of problems he is causing for that select committee. The select committee made its interim report last December, but the government has not yet responded to that interim report. The Liberal members on the committee are unsure and divided to the extent that one of them has withdrawn from the committee over the Darlington question.

The select committee requires the minister's response. When will he respond at very least to the December interim report of the select committee?

Hon. Mr. Kerrio: It is obvious many other things have transpired since the first report from the select committee. There are other initiatives that this government is looking at very diligently. They have to do with conservation, the use of power in an economical way, load management, cogeneration and small hydraulic sites.

We are going to go forward with a plan to guarantee the people of Ontario a demand-supply situation that will meet the requirements of the residents and the manufacturing base, which happens to be the heart of this whole process in Ontario. That is the program this government has. It will be done in a most responsible way, and the decision on whether we should finish Darlington will be made in this forum.

Mr. Grossman: We are in a conundrum here because the Premier's driver has been seen in the environs, his press aide is here and we are told the Premier himself has been in the building for five minutes. I wonder—

Mr. Speaker: The House agreed to stand down the second question until the Premier arrived. Maybe we could go on with another question.

ONTARIO ADVISORY COUNCIL ON MULTICULTURALISM AND CITIZENSHIP

Mr. Shymko: My question is to the Minister of Citizenship and Culture. I see she is going to her seat. On April 25, the minister claimed that her government was committed to multiculturalism, that it was a priority with her ministry and that she had an excellent working relationship with the president of the Ontario Advisory Council on Multiculturalism and Citizenship.

I do not want to accuse the minister of misleading this House, but can she explain why she slashed the budget of that council from \$323,000 last year to \$252,000, which is less than the budget of two years ago, and refused to increase that budget? Why has she failed to reappoint half of the council members, thus paralysing the council? The president of that council sent two memos on June 6, saying the following—

Mr. Speaker: Order. The question has been asked. Now you are making further comments on your question.

Mr. Shymko: I had to get up and sit down because the minister was not in her seat.

Mr. Speaker: I appreciate that.

Mr. Shymko: With your permission, may I complete my question? I seem to have problems.

Interjections.

Mr. Speaker: Order. I appreciate the help of everyone, but I have heard the question.

Hon. Ms. Munro: The reduction in the budget between last year and this year is occasioned by the fact that the previous president was on a full-term salary of \$70,000. Mr. Frolick is on a different arrangement. We have been taking a look at his work plan and are in constant contact with him to indicate the basis on which he is asking for additional assistance, secretarial, research or otherwise.

In regard to the member's concern about the appointments to the Ontario Advisory Council on Multiculturalism and Citizenship, we have been getting in representatives from various regions and from various multicultural groups. Those appointments are now being considered.

Mr. Shymko: The president is saying the entire council is going to resign. There is a crisis in that council. How come the minister found \$570,000 to build a garage for the Royal Botanical Gardens and \$70,000 of that council's budget to redecorate the deputy minister's office?

I would like to know what her priorities are. If a garage and the decor of her deputy minister's office are more important, she should resign, as should her sidekick the member for Parkdale (Mr. Ruprecht).

Interjections.

Mr. Speaker: Order.

Hon. Ms. Munro: I believe our ministry is treating the requests of Mr. Frolick in a sensitive way. We have asked for a work plan. He gave it to us after the estimates for this year went in.

Any of the member's other comments relating to the Royal Botanical Gardens, the garages or resignations are clearly not connected to anything, at least from what I am able to see right now.

We are having an ongoing dialogue with Mr. Frolick, and his advisory counsel is most supportive. I am having ongoing think-tanks with various members of the multicultural group at the moment. They turn up. I cannot see the kind of antagonism the member is talking about, but I am very much supportive of his concerns.

I do not know what the paper is that the member is holding up. Why does he not send it over?

EXTRA BILLING

Mr. Grossman: I have a question for the Premier. A couple of minutes ago, the Ontario Medical Association indicated the resolution of its council meeting. The first resolution indicates the president of the OMA is authorized to escalate, at his discretion, the sanctions being carried out in protest of Bill 94. Item 3 goes on to say the medical profession will continue to withdraw its services, if Bill 94 is passed, to tell the government and the public that the OMA will not work under conditions of tyranny.

Mr. Foulds: Has the member ever heard of the tyranny of the minority?

Mr. Speaker: Order.

Mr. Grossman: Given the clear indication by the OMA this afternoon that this already difficult situation is likely to escalate into a dangerous situation, if we are not already there now, might I ask the Premier whether he agrees that nothing is to be lost and much is to be gained, particularly in view of the thousands of patients who are being more than inconvenienced? Why not simply call a halt today for a short time and bring in a mediator?

3:10 p.m.

Hon. Mr. Peterson: First, may I apologize to the honourable member opposite and my col-

leagues. I was at the opening of the Margaret Birch wing in the Scarborough Centenary Hospital, where we honoured one of our former colleagues. It was a glorious occasion in honour of Margaret Birch.

I was not aware of the resolution passed by the OMA just a minute or so ago, but this government has set its course very clearly. I do not believe it is tyranny at all. The federal Conservative Party, the federal New Democratic Party and the federal Liberal Party all agreed two or three years ago that extra billing was going to go. We are complying with the Canada Health Act in that regard. I do not see it in terms of tyranny.

We have gone on for almost a year discussing this in a variety of ways. It has been in this House now for at least three weeks. My own view is that the most constructive thing all of us, including the member, could do would be to pass the bill and not drag it out unnecessarily.

Mr. Grossman: Several months ago, the OMA warned the Premier there would be job action and he again presumed there would not be. As he got closer to getting this bill passed, the OMA warned him there would be a closure of emergency wards. He did not believe them, and we have a closure of emergency wards. He now has been cautioned by the OMA that it is going to escalate, not stop, the job action, should Bill 94 be pushed through. He continues not to believe them.

Mr. Foulds: Yes. You gave in to blackmail in 1982, did you not?

Mr. Grossman: We solved the strike in 1982.

So far, in the 38 hospitals we have checked, 3,295 elective surgical procedures have been cancelled. Surely it is now the time for all of us—the Premier, the leader of the third party, our party and the OMA—to back off for a time. Surely it is time for everyone to back off a bit. No one loses face. No one gains or loses political points here. Surely it would be appropriate now.

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Peterson: His second question is the same as his first. I do not think there is any evidence to suggest that if there is a holdup on this situation, it will be any different three months from now or any other time.

There is a principle at stake here, and the member has seen the will of the majority of the House here. I think it is quite obvious where the majority is. Obviously, in a democratically elected Legislature, we all have certain rights.

The member's party has the right to express its point of view, and it is doing that. We all understand what is happening here, and the government and the NDP are committed to passing this bill.

It has been going on almost a year now. There has been thorough discussion. We have spent an awful lot of time ringing bells in this House for an hour at a time for minor votes. When we are supposed to be discussing the legislation, we have seen history lessons on the College of Physicians of Surgeons of Ontario, not discussion focused on the bill. It is our view, and I think the view of the majority of the members of this House, although I cannot speak for the third party, that we should be proceeding on this matter. We are prepared to do so and think that would go a long way.

Sometimes in life we cannot just postpone these problems. We cannot postpone it to next week or next month or whatever. That is why we are proceeding on the basis we are. We are going to keep the lines of communications with the OMA on any subject it wants to talk about, but we are moving on the question of extra billing.

Mr. Grossman: I believe the Premier should abandon his determination to get Bill 94 passed. I accept that he is not today going to do that, but there are thousands of patients who are no longer just being inconvenienced; their health care is being endangered by this bill. Whether or not he believes might is right, whether or not he believes putting in a mediator would be bending to the breeze, all that patients, parents, young children and cancer patients want today is their doctors back at work tomorrow.

Mr. Speaker: Question.

Mr. Grossman: Those patients want this question asked of the Premier: Will he please put in a mediator to solve this problem and get their doctors back to work? They do not want a game of brinkmanship or a game of chicken played between the Premier and the OMA; they want their doctors back at work. Will the Premier do that?

Hon. Mr. Peterson: The very simple answer to my friend opposite is that one cannot mediate the Canada Health Act. It is that simple. One is either for or against it. Many discussions and formal meetings have gone on for a long period. I assure the Leader of the Opposition (Mr. Grossman) we are prepared to sit down and discuss any issues the profession wants to talk about, because there are problems we have to address. However, if the member is asking me to

back off on moving this bill forward, the answer is no.

I repeat: If the Leader of the Opposition thinks things are so serious, why does he not assist? He just admitted the bill was going through. Why delay it more than he has already? Having just admitted in this House that the bill is going forward, he has some responsibilities too.

ABORTION CLINICS

Ms. Gigantes: My question is for the minister responsible for women's issues.

Interjections.

Mr. Speaker: Order. Please show a little respect for other members. I say that to all members.

Ms. Gigantes: The minister must be aware that women who have run the procedural gamut and been booked for abortions at Scarborough Centenary Hospital are having their appointments postponed, and some have been cancelled. Yesterday, one woman who went to the hospital for an appointment was told right then and there that it was not on. Is the minister not glad that doctors at the Scott and Morgentaler clinics are prepared to help women who are desperately looking for help right now?

Hon. Mr. Scott: I do not hear any question there.

Ms. Gigantes: The minister responsible for women's issues does not seem to care what happens to women in these circumstances. Is it not the height of cynicism for this government to depend now on services performed at the Morgentaler and Scott clinics and then to turn around at a later date and perhaps raid them and charge people at those clinics?

Hon. Mr. Scott: The record will show that, while a comment has been made, no question has been asked of me. What is the question?

Mr. Gillies: The Attorney General (Mr. Scott) should get his hearing checked.

TECHNOLOGY FUND

Mr. Gillies: I have a question for the Premier. Since I asked him to table the documentation surrounding the rather unusual award of a grant to the Exploracom project, 13 days have passed. He has said publicly he is happy for us to have access to any information, but on repeated checks with the Ministry of Industry, Trade and Technology this morning, we were told, "Nobody knows what we are supposed to show you," and "Nobody knows who is supposed to be getting this together." If the Premier is so happy

to share this information with the House, where is it?

Hon. Mr. Peterson: It is in the Ministry of Industry, Trade and Technology. I have asked them to gather it up. The member put a question in Orders and Notices, and he is welcome to it; no problem. It is all being gathered up, I assume. I asked my staff to gather it up. I cannot tell the member the name of the person.

The member should just keep phoning, because they are enjoying his phone calls to all over the place. We are hearing from him quite regularly. We hear he is turning up blind alleys and culs-de-sac everywhere he turns, but he should keep searching. We are very happy to give it to him. There is no problem. It is a marvellous project. We are gathering it up, and we will get it to him in due course.

3:20 p.m.

Mr. Gillies: Nobody is leaving this cloud over his government but the Premier. He is making public statements that he wants to share this information, and it appears he is stonewalling and trying to wait it out until the House adjourns.

Will the Premier give clear and unequivocal instructions to the staff of the Minister of Industry, Trade and Technology (Mr. O'Neil) to table that information in the House today or tomorrow?

Hon. Mr. Peterson: I have told the member we will table it when we are ready. Good Lord, there is a procedure for having questions in Orders and Notices, as the member knows. There are a lot of questions in Orders and Notices. We are answering them all.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Peterson: There is one question in Orders and Notices about the postal charges for bulk mail. That is the quality of the questions that members are asking in Orders and Notices.

It is all being gathered up, and he will get it. He can ask me every single day, but my friend opposite, who demonstrates his immaturity on many occasions, is again going to find that there is nothing there.

Mr. Speaker: Order. I cannot hear a thing. Would the Premier take his seat?

Mr. Harris: On a point of order, Mr. Speaker: The Premier indicated there was a question in Orders and Notices. We have 65 questions in Orders and Notices that he refuses to follow procedure and answer. They are more than two weeks old. That will not wash.

ILLITERACY

Mr. Allen: I have a question for the Minister of Education. More than 1.4 million adults in Ontario cannot read road maps or street signs, cannot read the directions on their medicine prescriptions, cannot read telephone books, cannot fill out job applications and so on.

Rumours abound in the literacy network of this province that the literacy leadership in this government is being transferred to the Ministry of Citizenship and Culture. Does the minister not agree this would give the mistaken impression that this is a problem essentially of immigrants, ethnic groups and the like and is not an education problem as such, which it is, given the high drop-out rates, the low streaming of so many of the children of low-income families and so on and given the inattention to general-level student programs?

Is it true the minister is abandoning the leadership in this question and running away from the issue?

Hon. Mr. Conway: Might I respond to the honourable member by saying that we in the Ministry of Education certainly accept our responsibility in this very important area. The government made it clear in its recent speech from the throne that new efforts and energies were going to be applied in the area of literacy, which is a concern shared by all honourable members. My colleagues in cabinet are now working to give a specific form to some of this new effort, and the honourable member will not have to wait long to see the fruits of that labour.

Mr. Allen: I trust we will not have to wait long, and the movement is going to have to be pretty great, because the government of which that minister is a member at this date spends only \$5 per functionally illiterate adult in the province. His own ministry spends only \$1.40 per functionally illiterate adult.

Why does the minister not seize the leadership in this question, get his own vision into his ministry and have it attack this problem in a very significant and aggressive fashion?

Hon. Mr. Conway: I have found in this minority parliament that sometimes my leadership is not responded to favourably by my colleagues in the third party—

Mr. Foulds: Or by the minister's own colleagues.

Hon. Mr. Conway: I would like to think I have demonstrated leadership where leadership is required. We have said as a government that the area of literacy is a matter of real concern.

More has to be done. The Ministry of Education will certainly discharge its responsibility, but my colleagues the Minister of Citizenship and Culture (Ms. Munro), the Minister of Colleges and Universities (Mr. Sorbara) and other ministers of this government do have important mandates that they will continue to discharge as well.

I invite my honourable friend, who brings a keen and sensitive understanding to this and to so many other areas of education, to stand by and await the results of some of the internal work we are doing.

RENT REVIEW

Mr. Gordon: I have a question for the Minister of Housing. The minister will recall that last week I pointed out to him that 40 per cent of the tenants living in apartments where there are what we call chronically depressed rents cannot afford to pay more in rent, according to a report of his ministry. In reply to my question, the minister said:

"It is a chronic complaint of those landlords that they are not able to make enough return on their investment. In the meantime, there are also tenants in those units who would have difficulty if the rents were to rise drastically. The Rent Review Advisory Committee has come up with a formula by which we can address the difficulties of those units' landlords and be sensitive to the tenants living in those units without a drastic increase. That formula will take care of the balance between the landlords and tenants concerned."

Will the minister tell us what the formula is and how it will work?

Hon. Mr. Curling: I thank the member for the question. If he has read the legislation, he knows it explains the formula. As he also knows, our new proposal, Bill 51, addresses many issues. What the member has done is to recognize the brilliance of that bill which has that balance, brilliance that has clearly identified the concerns of the landlords and the concerns of the tenants. I remind the honourable member how anxious I and my government are to put Bill 51 into place to show where we will strike that balance.

Mr. Gordon: How can the tenants of Ontario believe that the minister has their best interests at heart when all they have to do is to refer to the brochure he was talking about a minute ago and they will see there is no formula protecting them? He had the nerve to get up in this House last week and say there is a formula. He has the nerve to get up in this House today and give us a lot of

mumbo-jumbo that has nothing to do with the question that was asked. Will he now explain to this House what the formula is?

Hon. Mr. Curling: I advise the member to read the legislation. He is reading the guide. When it was produced, it was hoped it would help the member to understand the legislation. He has taken a shortcut to understanding the legislation. He should read the legislation. The ideas of those members were bankrupt. They had no housing policy and no relevant guideline. He stands there to criticize. The honourable member is right over there.

Mr. Gordon: On a point of order, Mr. Speaker: I am very reluctant to accuse the minister of misleading the House, but this borders on misleading the House.

Mr. Speaker: Order. I must tell the honourable member that he is coming close very close to unparliamentary language.

Mr. Rae: There are a lot of borderline cases in the House.

3:30 p.m.

EXTRA BILLING

Mr. Rae: I would like to address a question to the Premier. At the press conference today, I understand that Dr. Railton said he could not rule out the closure of intensive care units. He said: "All emergency room closures are grass roots. They are not centrally co-ordinated." He admitted that.

The official resolution which was apparently passed today—and I do not have the advantage of the hotline which the Leader of the Opposition (Mr. Grossman) has to the Ontario Medical Association—said, "The president of the OMA has complete support to escalate sanctions at his discretion."

Does the Premier not feel it is time the government looked hard at the legislative framework ensuring access to necessary services in this province and time the government said that if the College of Physicians and Surgeons of Ontario cannot and will not, and dithers, at least the government of Ontario will ensure that patients are not held to ransom by this kind of irresponsible action by the OMA and its leadership?

Hon. Mr. Peterson: I am sorry but I have not seen the resolution. I arrived late in the House and I returned the telephone yesterday, so I was not able to find out directly from the horse's mouth what the resolution was.

I am aware of the honourable member's point of view and frustrations, should I call them, and I

do not mean that in any pejorative way. It is a very difficult situation for everyone. My direct response to his question is that I think it would be most injudicious at this moment to start looking at changes in legislation in that regard. We are in the middle of a supercharged situation and it has been inflamed by a number of people, some for legitimate reasons, some for other reasons.

I believe that kind of discussion should not take place at the present time. Who knows? Everything should be discussed at some point or other in the future, but I do not believe it will solve any of the situations right now, at this moment, today, tomorrow or the next day. As I said, everything that is under our jurisdiction could be discussed at some point in the future.

Mr. Rae: The Premier was quoted in the Toronto Star yesterday as saying in response to a question with respect to back-to-work legislation, "We are not planning to bring it in." He was asked, "What if they do not go back to work?"

Is he seriously suggesting that his government would refuse or fail to take the necessary steps to ensure necessary services for the patients of this province because it is afraid of the power of the OMA? He would not do it for nurses. He would not do it for nurses' aides. He would not do it for anybody working in the public sector. He would not do it for a worker in a nursing home. He would not do it for somebody operating in an operating room who was not a doctor.

Why is there one rule in this province for the doctors, for the upper-middle-class group of professionals who are denying access to their services but who are partners in the health care system and who should be partners in the health care system, and a completely different set of rules for everybody else who has ever worked in the health care system in Ontario?

Hon. Mr. Peterson: Since this discussion with the doctors started almost a year ago, both myself and the minister have been asked many questions, the vast majority of them hypothetical, starting, "What would you do if?" or "What about in these circumstances?" I and the minister have resisted all temptations to deal in the hypothetical because the honourable member can see how misquotes or responses to hypothetical questions or speculations about what may or may not happen only inflame an already very tender situation.

I am not surprised at the speech the honourable member makes. I am not happy about the conflict we are in at the present time. I would beg to differ with my honourable colleague about courage being shown in this situation. I believe the

minister has shown unbelievable courage and judgement.

We are responsible. We do not have the luxury of just standing up and yelling. We are charged with carriage of this situation. We bear the responsibility for that and we take that on our shoulders. I believe the minister and the judgements he has made—and the member is perfectly entitled to second-guess any one of them—are being second-guessed by both parties opposite on both sides of the issue. But, ultimately, the judgements are made by a minister who has shown remarkable integrity, judgement and sensitivity in the circumstances. I cannot second-guess him.

FOOD LAND PRESERVATION POLICY

Mr. Ward: I have a question of the Minister of Agriculture and Food. Several months ago, in a statement to the Legislature, the minister indicated some draft proposals for changes to the Ontario Foodland Guidelines. These proposed changes would have a significant impact on municipal severance policies throughout Ontario, and for the past several weeks many farm organizations, individuals and communities have contacted me expressing their concerns.

Can the minister indicate to the Legislature what the status of these proposals is and what efforts his ministry is undertaking to gather the input of those who may be affected by them?

Interjections.

Mr. Speaker: Order. We will just wait.

Hon. Mr. Riddell: It is obvious that the official opposition does not realize the seriousness of the amount of good agricultural land we are losing in this province through erosion and through the development uses of this agricultural land.

I have to tell the honourable member who posed the question that after I made the statement in the House, I distributed the policy statement widely to all the municipalities, to all the farm organizations and to other individuals and groups, and I asked that we receive their comments by a certain date. I extended that date to the end of June.

We will look at all the comments that have come to us at the end of June and we will then be in a position to draft a statement that I will be making in the House some time in the fall session.

TABLING OF INFORMATION

Mr. Harris: On a point of order, Mr. Speaker: Earlier today I pointed out to you that there were

65 questions in Orders and Notices that were in violation of standing order 88(d). Some of them are more than six months old.

I ask you, as Speaker of the Legislature, whether you intend to uphold standing order 88(d), whether you intend to do anything about it and whether you intend to direct the government to bring itself in compliance with standing order 88(d). Where is this matter going to end?

Mr. Speaker: I thank the member for bringing this matter to the attention of the House. The standing orders are quite clear. I hope the government House leader is listening and will make certain the responses will come forth appropriately.

PETITIONS

NATUROPATHY

Mr. Cordiano: I have a petition on behalf of interested citizens:

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

EXTRA BILLING

Mr. Jackson: I have several hundred petitions signed by constituents from Burlington South:

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We strongly oppose the unilateral actions of the Liberal government of Ontario which have created an atmosphere of adversarial confrontation with the health care providers of this province.

"We deplore the disruption of our world-renowned system of private and public health care by the imposition of a state-controlled health care system.

"We, therefore, respectfully petition the government of Ontario to begin immediate and meaningful consultations with the health care providers of this province in a manner that will sustain the quality and excellence of health care for the people of Ontario."

3:40 p.m.

REPORT BY COMMITTEE

STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

Mr. Haggerty from the standing committee on regulations and private bills presented the following report and moved its adoption:

Your committee begs to report the following bills without amendment:

Bill Pr13, An Act respecting Pamaglenn Investments Limited;

Bill Pr14, An Act respecting Sherrydale Investments Limited;

Bill Pr19, An Act to revive Mylake Mines Limited; and

Bill Pr21, An Act respecting the City of Chatham.

Motion agreed to.

INTRODUCTION OF BILLS

EMPLOYMENT STANDARDS AMENDMENT ACT

Mr. Martel moved first reading of Bill 81, An Act to amend the Employment Standards Act.

Motion agreed to.

Mr. Martel: It is to clean out the swamp, Mr. Speaker, I can assure you.

The purpose of the bill is to prohibit an employer from requiring an employee to work more than five consecutive days without a day of rest.

Mr. Barlow: That will help them.

Mr. Martel: That is correct. The Tories insisted on working 10 days in a row.

Mr. Speaker: Order.

EDUCATION AMENDMENT ACT

Mr. Martel moved first reading of Bill 88, An Act to amend the Education Act.

Motion agreed to.

Mr. Martel: The purpose of the bill is to authorize the apportionment of the school rates between public and secondary school cases in the case of rateable property jointly owned or leased.

INSURED SERVICES UNDER OHIP ACT

Mr. Martel moved first reading of Bill 89, An Act respecting Insured Services under the Ontario Health Insurance Plan.

Motion agreed to.

Mr. Martel: The purpose of this bill is to declare that surgical procedures for breast reconstruction are insured services under the Ontario health insurance plan.

ANNUAL REPORT, ONTARIO MUNICIPAL EMPLOYEES RETIREMENT BOARD

Hon. Mr. Nixon: Before the orders of the day, I would like to table the 1985 annual report

of the Ontario Municipal Employees Retirement Board.

ORDERS OF THE DAY

ONTARIO BIBLE COLLEGE AND ONTARIO THEOLOGICAL SEMINARY ACT

Miss Stephenson moved second reading of Bill Pr18, An Act respecting the Ontario Bible College and Ontario Theological Seminary.

Motion agreed to.

Third reading also agreed to on motion.

BRANTFORD GENERAL HOSPITAL ACT

Hon. Mr. Nixon, on behalf of Mr. Gillies, moved second reading of Bill Pr31, An Act respecting the Brantford General Hospital.

Motion agreed to.

Third reading also agreed to on motion.

WATERLOO-GUELPH REGIONAL AIRPORT ACT

Mr. Epp moved second reading of Bill Pr42, An Act respecting the Waterloo-Guelph Regional Airport.

Motion agreed to.

Third reading also agreed to on motion.

RENFREW VICTORIA HOSPITAL

Ms. Fish, on behalf of Mr. Yakabuski, moved second reading Bill Pr50, An Act respecting Renfrew Victoria Hospital.

Motion agreed to.

Third reading also agreed to on motion.

House in committee of the whole.

3:50 p.m.

HEALTH CARE ACCESSIBILITY ACT

Consideration of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Chairman: When we left off yesterday, we were in the middle of an amendment to section 5 proposed by the member for Lincoln (Mr. Andrewes).

Mr. Brandt: It is my pleasure to participate in this debate and also very specifically to discuss the amendment proposed by my colleague the member for Lincoln with respect to a very logical and reasonable recommendation by our party to have the government call at this time for the type of measure that has worked in so many other instances, that being mediation. That, specifical-

ly, is what the member's amendment has requested.

This province has a long and successful history in the use of mediation as a measure or means to end this type of dispute. On a number of occasions we have used it in municipal government, as the members are probably well aware. The most recent application of mediation in the municipal field is with respect to boundary disputes where two sides are extremely hostile and very hardened, firm and definite positions have been maintained. In many instances, as a result of bringing in a mediator, a third party, who can very calmly, coolly and quite professionally discuss the various issues and lay them out in an unemotional manner, they have been able to resolve some of the issues.

I suggest, and I strongly recommend to the government, that when we have a situation as chaotic and as desperate as the one we are faced with at present, the whole question of mediation may be one of the answers that should be entertained very seriously by the government.

I can recall when I served as Minister of the Environment—and I see the present minister is here—I provided in that ministry a mechanism, known as environmental mediation, for the current minister to resolve disputes. I remind the minister who is here with us this afternoon that was used with some degree of success in a very difficult situation that has been somewhat affectionately referred to as the Pauzé matter in Perkinsfield. While the minister is signing his autograph—he need not sign one for me; I have his autograph on a number of documents already—

Hon. Mr. Bradley: On a point of privilege, Mr. Chairman: The member raised the Pauzé matter, and I want to inform him that his leader appears to want to undo the mediation he initiated in that area now by suggesting that one of the sites—

Mr. Chairman: Order. That is not a proper point of privilege.

Mr. Brandt: I can understand your ruling on that, Mr. Chairman. I only reminded the minister that in connection with the Pauzé site a number of very positive steps were taken. I am speaking to mediation.

Mr. Chairman: The Pauzé site, with regard to mediation of medical matters?

Mr. Brandt: Yes. I am using that only as an example of how mediation works. It is important that all members of this House recognize that mediation is a mechanism that can be used to

resolve the current dispute related to Bill 94. I am going to draw reference only in a very limited way to the Pauzé site in Perkinsfield to suggest in the presence of the minister that a new water system was put into that municipality and that measures were taken to secure that landfill site.

A whole host of things was done as a direct result of bringing in a mediator who sat down with a dozen and a half groups. I believe there were 15 or 16 interest groups, each of which had a position it wanted to take in that matter. It was extremely complicated, but it was resolved as a result of a mediator being introduced into the process.

When we have a dispute such as we have under Bill 94, with the doctors suggesting they are going to take certain actions and with the government very adamantly maintaining its position and its resolve, with the concurrence of the shadow cabinet over here, the third party which is going to support the government on Bill 94, it is vitally important that we recognize we do have a very polarized position on the part of two bodies which can be resolved if some common sense enters into the debate. The government has refused—

Hon. Mr. Scott: Does the member have any suggestions?

Mr. Brandt: Let me give the Attorney General some suggestions. I am glad he asked for some, because I have a whole series of suggestions to make during the course of my brief address this afternoon. I do hope the minister will spend a little bit of his very important and valuable time with us, because I want to make a number of suggestions as an individual who has been a conciliator all his life, who has tried to reach for compromise and who has tried to reach out and find a process by which to bring people together. Yes, I do have some suggestions to make.

One of my suggestions is that the government stand back from its present position, which is one of refusal to negotiate. On two days now, the government has refused to accept the phone offered by the leader of my party. We have provided him with a portable phone and the number of the Ontario Medical Association, which has indicated that it is prepared, on receiving a phone call, to bring the strike to a halt immediately if the government will delay passage of Bill 94 and look for some compromise issues in the context of that bill.

Has the government agreed to negotiate? Under no circumstances. It is taking a hard-and-fast line and playing fast and loose with the health

services of the people of this province by not agreeing to negotiate, by not agreeing to even pick up the telephone to make a call. It is doing something even more dramatic and of even more concern to me when it refuses to make that phone call or make any contact whatever with the OMA.

It sends out a very clear signal to that profession. It is going to be treated differently than other professions. It is going to be treated differently than other trade groups. It is going to be treated differently than virtually anyone else in this province when an 11th hour attempt to resolve an issue does not include the offer of some form of mediation. That is why I say the government is dealing in a very heavy-handed way with this very serious issue, in a manner that I and my party find totally unacceptable. The future of the health system of this province is at stake.

What has happened in other jurisdictions is a matter of some concern to me. If the members of the government will recall for a moment what happened in Quebec with the passage of similar legislation, there were hundreds of physicians, and of even more concern, specialists, who fled that province to get away from the very draconian legislation that was introduced. They came to a province that offered them the freedom and the right to practise their profession without intervention on the part of government.

That province is Ontario. We welcomed those specialists and physicians with open arms for one reason only. Any jurisdiction in the world would be pleased to have them.

Mr. Chairman: Order. The member must get back to the amendment that is in front of us, which basically discusses mediators.

Mr. Brandt: In the context of that, I do not want to take issue with the comment you just made, Mr. Chairman, but let me remind you that the lack of a mediator in this process is causing some difficulties within the system. One of those has led to the situation in Quebec that I am attempting to describe.

You allowed me to go ahead with the earlier description I gave in connection with the Pauzé landfill site in Perkinsfield, where a mediator was called in. I think you have to allow some reasonable degree of flexibility so that I can prove the case I want to put forward to the government. I hope to shift their position even ever so slightly during the course of this debate this afternoon. That is all I am asking for. I will attempt to be somewhat more judicious in keeping to the point.

I want to relate to the government that in Quebec, as a result of passing a bill that is very close to Bill 94 and where a mediator—see, I am on to it now, Mr. Chairman—was not called in, a great number of physicians and specialists left that province to come to Ontario.

I suggest that in all probability a similar problem developed in the British health care system. Again, no mediator was called in to resolve that issue. What we have in Britain at present are long waiting lines for health services and a flight of doctors, particularly to Canada, as a direct result of having legislation like Bill 94, legislation we are trying to amend, change or make somewhat more livable as a result of the amendment that has been put forward by my colleague the member for Lincoln.

4 p.m.

The government will not accept the argument we have put forward justifying the role of a mediator. It wants to ram through legislation. It wants no debate on this issue; it wants no mediation on this issue. Yet what it is bringing about is the most fundamental change in the health care system in the history of this province; let there be no mistake about that. I know if you were allowed to speak on this question today, Mr. Chairman, you might even sympathize with some of the comments I am making. It is the most fundamental change that has ever occurred in the health care system in Ontario.

The doctors are obviously very angry. Under Bill 94, we are taking away their rights and privileges. Where previously they were independent professionals allowed to serve the people and their patients in a manner they saw best, they are now having some of those rights and privileges removed and there is the threat of further rights and privileges being taken away from them. Yet the government still will not sit down with a third party, namely, a mediator, in an attempt to arbitrate this process in a fashion that makes some sense.

Some doctors have expressed the opinion that they are very disappointed with the actions taken by some of their colleagues. Other doctors have become very militant over the way in which this issue has transpired up until this time. Some of the political spokesmen who have talked about this issue to this time have expressed an opinion that simple passage of Bill 94 without the introduction of mediation as a preliminary step to whatever ultimately occurs with respect to Bill 94 is going to solve the problem. They are sadly mistaken.

We have word today, as you, Mr. Chairman, and other members of the House have heard, that if Bill 94 passes without a mediator—do you notice I am staying on the mediator? I want to comply with your instructions, sir.

Hon. Mr. Kerrio: What is the Chairman nodding his head for? Is he participating?

Mr. Brandt: Oh no, I just want to make sure I have the concurrence of the chair with respect to the basic thrust of my remarks.

Mr. Chairman: Order. The member for Niagara Falls (Mr. Kerrio) should know the member for Sarnia was saying, "You will notice, Mr. Chairman, I am staying on point." I was nodding my head that he was staying on point at that moment.

Mr. Brandt: I have to say to the Minister of Natural Resources (Mr. Kerrio) that I need that kind of assurance from time to time, since on two occasions the Chairman has pointed out, with some degree of appropriateness, that I have strayed, only slightly, off point. I quickly brought it back as soon as I realized there was some problem with regard to some of the comments I was making.

To get back to mediation and to Bill 94, which is part of this process, I hope the government will agree the hostility that is going to develop as a direct result of the government not agreeing to any form of mediation and the government hammering home Bill 94 in the fashion it intends at present is going to cause further frustration for the medical profession. It is going to cause further anger and is going to cause further hostility in their bitterness. We have been told today of the very distinct possibility of an escalation of some of the disruption of services we have experienced during the past few days.

This issue is reaching crisis proportions. The matter is not in hand, as the Minister of Health (Mr. Elston) has assured us on a number of occasions in this House. He does not have control of the situation, and we have a very serious and a very critical situation that is going to have to be addressed by the government.

The introduction of mediation has worked in so many other instances, such as labour disputes, municipal disputes and environmental matters; why will it not work with respect to Bill 94? The answer is that it has a very good chance of working, but the government wants to take a very rigid and very inflexible approach to this whole thing and is not prepared to back down even one little bit to attempt to adjudicate this issue with the doctors in a reasonable and intelligent fashion.

It has reached a point where not only can we not get mediation but also a situation occurred yesterday which I found particularly displeasing and which angered me a great deal. I am glad my colleague the member for York Mills (Miss Stephenson) was on hand and able to resolve, at least in part, the problem that developed as a direct result of the government not bending one inch to reach a compromise with the doctors through a measure such as mediation. Some of the medical fraternity came to this building yesterday and were denied entry. Thankfully, the member for York Mills was able to step in.

Miss Stephenson: It was on Monday.

Mr. Brandt: I apologize for misleading the House. It occurred on Monday, not on Tuesday.

This is something of which the government should not be too proud. This is the first time I can recall in the history of this province that any group, however hostile, militant, upset or angry, was denied entry to this building. The government should be ashamed of itself. Not only will it not introduce mediation but also it will not allow into the building some of the very people it is expecting to deliver health and medical services to the people of this province. That will hang over the heads of the Liberals for a long time to come.

Mr. Chairman: Please stay with mediation.

Mr. Brandt: This is mediation. It is as a direct result of not introducing mediation that all these things have occurred.

The doctors have agreed that if a mediator is introduced, they will restore services immediately. As the Minister of Health well knows, the minute there is an indication the government has agreed to that one small step in the direction of negotiating a settlement, namely, mediation, the doctors have agreed they will call off the disruption of services that is occurring at this time.

The doctors have gone even further with respect to their position. They have already mediated their position—notice I am staying on the point—by moving towards the correction of some of the problems the government has identified in part. They have mediated their position by indicating they would not extra bill seniors, emergency cases or welfare recipients.

We recognize that only about 10 per cent of the doctors in this province extra bill. That amounts to about three per cent of all billings in this province. The doctors have pulled back even farther from that position in an attempt to find some negotiated settlement with this firmly fixed government. We are now talking about perhaps

one per cent or 1.5 per cent of all the billings in Ontario that would be affected.

How can this government possibly attempt to negotiate with the doctors at any time in the future when it is not prepared to take one small step and agree to mediation? I find it absolutely astounding that the government would not do that.

When we talk about the question of mediation, I have to remind the government that a year ago, when this whole process started, there was not a problem with respect to the delivery of health services in Ontario. Our system of health care was looked upon and proudly identified as being probably the best health care system in the entire world, absolutely second to none.

Hon. Mr. Scott: Is the honourable gentleman reading from a text? There is a rule about that.

Mr. Brandt: The member knows full well I am not.

We have now angered the doctors, we have refused mediation and we are now pushing it to the point where there has been and will continue to be for the foreseeable future a very serious and critical breakdown in the finest health care system that can be found anywhere in the world.

4:10 p.m.

If the Attorney General (Mr. Scott) and I were talking on an informal basis, I am sure he would say to me: "At least in part, the member for Sarnia makes some sense. I have to agree with some of the comments being made by the member for Sarnia because he is correct when he states to this assembly that we did have a fine health care system." I am sure the minister would agree with that.

When we look at the chaos and breakdown of the system today because the government has refused to introduce mediation or any form of negotiation, the fault for that lies squarely in the minister's lap. The government is the author of its own fate. It has brought about the disruption of services, the breakdown in the health system and the anger the doctors are sensing and feeling. All those things have occurred because the government has been totally inflexible.

The Minister of Health is an individual whom I respect very highly. I have said that on most occasions he is a rather flexible individual; he is the type of individual who will give and take a little bit to find some common ground upon which to land this issue, some compromise on Bill 94. I do not know what has happened to him. Maybe it is the water he anticipates drinking in Tiverton shortly—maybe that has something to do with it; I do not know—but something has caused

him to change his personality. It has changed very substantially as it relates to this bill as a result of his failure even to consider the introduction of some form of mediation.

We have been in committee on Bill 94 for 19 days. We have talked in committee of the whole House for about 10 days now. There have been some slight compromises made by the government in connection with this bill, one of which was the fine that was reduced from \$10,000 to \$250 through an amendment by the government. That was a brilliant stroke on the part of the government, because the \$10,000 created even more hostility and anger among the doctors than one could even imagine, but the government did compromise on that.

I plead with the government that if it wants to open hospitals, get doctors back to work and do something responsible for a change, then one of its members should simply pick up the phone and agree to bring in a mediator. That is all it will take. It may fail; it may not be successful. That is the chance the government will take when it calls in a mediator, but at least it will send out a signal to the doctors and the health practitioners of this province that the government is going to make one last effort to resolve the matter and that it is not simply going to press on through with Bill 94 at all costs.

We have had 10 days with respect to this bill in committee of the whole House. We are speaking to a matter—

Mr. Grande: How many more months do you want?

Mr. Brandt: I am going to get to that. I am going to get to the matter of mediation as it relates to the third party very shortly, because the people in the third party ought to be ashamed of themselves. There is no other group in this province with respect to mediation whose rights the New Democratic Party would not stand up for and say that matter should be resolved through negotiation. The NDP members stood up time and time again when it came to transit workers, the recent disruption of service with respect to those—

Mr. D. S. Cooke: What did your party do?

Mr. Brandt: At least we are consistent, which is far more than my friend can say for his party. We are consistent in that we are calling for a mediated settlement of this issue. What the third party is calling for and what it spoke about in connection with the remarks made by the leader of the third party today is the introduction of back-to-work legislation in some fashion.

The third party is saying we should press on quickly and not hear any further debate on the merits of mediation or on the merits of some of the amendments—we have a whole host of amendments—we are going to continue to bring forward and we want considered. We want those amendments to be placed before this House in an attempt to resolve this issue in an intelligent and humane fashion.

We do not want to move the process quickly to the passage of Bill 94, as the third party has been suggesting, because it has been warned that the matter is going to be escalated, the hostility is going to increase and the anger is going to become more intense. It has been told that. Immediately after that, for the first time in my recollection—and I have been here for only five years—I can see the third party standing up in the House and talking about back-to-work legislation. It is funny that this is the only group they are going to talk about that requires that kind of heavy-handedness. I find it very difficult to accept.

Why does the third party not talk about calling the doctors? Why do they not discuss the issue with the OMA? Why do they not attempt, as they have accused us of doing, to develop a pipeline with the OMA so they can find out what it is the medical association is really concerned about? All they can think about at present, and this perception may well be shared by the government, is that they may have a popular issue and may pick up some political points.

Some surveys have indicated to the government that perhaps the people of Ontario think they are going to get free, no-cost health care if Bill 94 is brought in, that there will be no further extra billing and no additional charges. In speaking to the amendment on the introduction of a mediator, I have to say there is no free lunch. In some way, shape or form, you pay for everything you get in this world. The free lunch theory, so closely grasped to the hearts of the members of the third party, is nothing more than a fallacy.

They could talk to the doctors and the OMA and suggest mediation. They could say: "We are into a very sticky wicket here, a very serious problem. We want to get the doctors back to work and open the emergency wards in our hospitals. We want to get health services back to the good level they were at about a year ago when another government was in charge and responsible for health care. We want to do some of these things. What is it the OMA would like us to do with respect to the position of our third party?"

They have not even talked to them. Have they picked up the phone and talked to the OMA? No, they have not. They do not even know the phone number. If it were any other group, any other average citizen of this province, they would be out there carrying picket signs. They would be demonstrating with them and doing all the things I have seen them do so frequently in the past, but to them the doctors do not deserve the same consideration.

Interjections.

Mr. Brandt: Mr. Chairman, there are some interventions coming from the third party. I am trying not to be—

Hon. Mr. Wrye: Why does the member not speak to the amendment?

Mr. Brandt: I am. I say to the Minister of Labour, I am speaking to the amendment.

Mr. Chairman: Perhaps the other members will not interrupt the member for Sarnia. If the member for Sarnia were to face the chair, perhaps they would not distract him.

Mr. Brandt: The lack of introduction of mediation in this process is going to do nothing but humiliate the doctors even further, which the government has already tried to do with some of its uncalled-for comments. They are going to try to frustrate the doctors even further in connection with what the doctors would like to see in terms of a compromise on this measure. They are going to anger the doctors even further, which is something we do not need when we are attempting to deliver a first-class system of health care in this province.

I am surprised by someone who knows as much about labour as the member for Windsor-Sandwich (Mr. Wrye), the current Minister of Labour. He recognizes how effective mediation has been in some very difficult cases that I am sure have come to the attention of his ministry. When I served as parliamentary assistant to the Minister of Labour some years ago, I felt comfortable about suggesting to the two sides that a mediator or negotiator be brought into the process in an attempt to resolve it.

4:20 p.m.

The minister knows full well that one's batting average is never 100 per cent in these things, but the rate of success is good enough that it is at least worth a try. It would send a signal to the doctors that the government was willing to give it a chance, that it was willing to give some indication that its position is not so totally hardened and so totally fixed on this issue that it

is inflexible. That is all we are asking for with this amendment.

Let me read a definition of the verb "mediate" from Webster's dictionary: "to interpose between parties in order to reconcile them; to reconcile differences." Also, "to effect by action as an intermediary," and perhaps more important, and I underline this, "to bring accord out of by action as an intermediary."

I suggest that both the government and the third party have a well-known fondness for accord or for accords, although I agree the third party's enthusiasm for accords has faded somewhat in the past months. However, I ask both the government and the third party to agree with our party to work towards an accord that would have real meaning and would serve to defuse the present crisis.

This dispute begs for a mediator. We already know the OMA has agreed to suspend all work stoppages if the government will agree to suspend Bill 94 until such time as a negotiator can sit down in an attempt to find some common ground in this dispute. There is no doubt that our party would welcome such a farsighted move on the government's part. It would be the first indication that it was prepared to be flexible on this issue. We would welcome that and would work along with the government in an attempt to resolve this issue if it were to introduce a mediator.

I suggest to the Minister of Health and to the Minister of Labour that at the very least it would end, even if temporarily, the threat of a tragedy which we have on our hands at present. It might not end it permanently, but it might temporarily. There is the obvious possibility that we are going to have a further breakdown in the health care system of this province, which is critical enough now. We could put a halt to that. We could stop that. We could give a pause and perhaps a little breathing space to all parties to sit down and review their positions.

We join with the Minister of Health in that we do not want to see a further breakdown in the system. As a result of his not introducing a mediator, we do not want to see further difficulties develop for people in this province who require health care and need either to see a medical practitioner or to get into a hospital or an emergency ward. I truly believe that for us as parliamentarians, serving different constituencies, our first and foremost thought must be for the people we so proudly represent. I do not want the people of Sarnia and Lambton to live in fear

of what the present bill means because of the lack of any mediation process in the bill.

It is also important to recognize that the doctors of the province have already indicated they will not stop their strike activities if the bill is passed. We have had that warning already, and let me reinforce it. Passing Bill 94 is no solution at all. The government has heard this from the OMA today and has heard it previously from my colleague the member for York Mills. All it will do is cause further hostility and further breakdown.

The minister may well not have seen anything yet. I say that to him in the hope that he will see the correctness of both the proposition we have put before him and the intermediate step of introducing a mediator into this process in an attempt to stop what could be an increasingly chaotic situation. We must find a solution and we must find it soon to protect the people of this province. I suggest that the first step in that process is to introduce a mediator.

Mr. Callahan: Did the member stop? Is it over?

Mr. Brandt: No, it is not. I have a few other words I want to share with members. I was just collecting my thoughts for a moment and I want to stay on the bill. It is important.

The Deputy Chairman: And on the amendment.

Mr. Brandt: I am staying on the amendment, which is part of the bill. We are amending the bill, so I am staying on the amendment related to the bill.

The reason I want to see a halt brought to the present chaos, speaking very directly to the amendment and the need for a mediator, is that in my community, as is the case in many other communities, the health care system has already broken down. We can stop all that.

As an example, in the city of Sarnia, one of the two emergency wards is already closed. Sarnia General Hospital does not have emergency services at the moment. Those emergency services are being transferred to St. Joseph's Hospital. It is delivering services and attempting to meet its responsibility as it relates to health care in my community, but it is having great difficulty. The numbers are doubling and tripling because some doctors' offices are closed and because we have an emergency ward that is closed in the only other hospital in the city.

All this can stop today if the Minister of Health, with the support and concurrence of his Premier (Mr. Peterson), will pick up the phone and say he is prepared to introduce a mediator. If

the government will do at least that, we can stop the chaos we are faced with.

It is not only in my community. The other evening I was in the great community of Cornwall; the same problem exists there. Health services are breaking down on a very serious and critical basis right across the province. It is happening right here in Metropolitan Toronto.

The hospitals are attempting to cope. They are attempting to cope with the breakdown in services by doing whatever they can. From having spoken to the administrators of those hospitals, I know it would encourage and compliment the government if it would bring in mediation. From speaking to the administrators of those hospitals, I can tell the members they are frightened at present. They do not know whether they can cope with the increased case load that is being pushed on them at this time. They do not know whether some situation, some slipup, something beyond human control is going to occur as a result of the very fixed position of the current government as it relates to this matter and the insensitivity of the government as it relates to the complete disregard for the need of mediation.

The complete disregard for the need to bring in a negotiator is absolutely baffling. Time and again, during the life of this current government, it will use third-party mediation; it will use a negotiator to solve other disputes. I will remind it of what I have said during the course of this debate on this occasion. I will remind it that it is introducing a mediator to solve the problem related to some other matter but that it adamantly refused to bring in a negotiator or a mediator to solve one of the most critical problems that has ever faced a government in the history of Ontario.

This is not a small matter. What we have seen over the course of the past few days is not something that is resolving the issue. It is not getting better; it is not healing itself. The issue is becoming worse; it is deteriorating. The government has a system that is collapsing in front of its very eyes. It has a system that is not going to be healed with the passage of Bill 94.

Interjections.

Mr. Brandt: While I am speaking, I have to remind the member—

Mr. Callahan: The Conservatives have caused everything that has happened thus far.

Mr. Pope: It is the government's bill.

4:30 p.m.

Mr. Brandt: I believe some voices here in the assembly have now quietened down; so I will

attempt to resume the debate. I was about to say that mediation would put a halt to the critical situation we are faced with at present. It is one that concerns me a great deal as it relates to my own community and the communities represented by my colleagues on all sides of this House. The lack of mediator and a mediation process, which could be introduced with the stroke of a pen by the government as part of Bill 94, has resulted in the kind of breakdown we have in medical services in this province at present.

To have the naïveté to suggest that the simple passage of Bill 94 is going to see all these problems fade away is absolutely absurd. To suggest that our party is not concerned about sick individuals, senior citizens and those requiring health services, I consider to be not only an insult but also beneath the dignity of this House. It is not the truth, and the member well knows it. We are fighting for the rights of individual professionals to practise their profession. We are fighting for the right of those professionals to have a mediation process as part of the process that we hope will resolve the very problem that has been created by the actions of the current government.

Even if the minister had a mediation process that he introduced today in an attempt to resolve Bill 94 and if he made that part of Bill 94, if it were to pass at some future point, that would still not resolve all the problems. I understand that. There are some very strong feelings—and that is an understatement—with respect to what Bill 94 stands for. Without that mediation process, without moving towards that now, without making at least that gesture, without at least sending out the signal that he is prepared to negotiate, that he has not got his mind and his position so fixed and so inflexible that he is not prepared to even talk about it, he is sending out a very dangerous signal to the health practitioners of this province that is going to come back and haunt this government time and again in the future. That is what concerns me. I do not take any great joy in saying that, but with the level of hostility that is out there—and I am sure the Minister of Health has sensed at least some of it during the course of his travels—I fear for the future of the health care system in this province.

We may think there is a small problem related to extra billing, but in all the time I served in government and all the time I have served in this assembly, I have yet to receive my first phone call from somebody complaining about extra billing. That is just some indication that the government a year ago created a problem where

there was not a problem. It has created chaos where there was order, and it has created a breakdown where there was a smooth-running health care delivery system in this province, second to none anywhere.

We have to live with it, but I think they can resolve it in a spirit of compromise, in the hope that at least some semblance of intelligence will permeate across the floor and reach the minister and the Premier. All the minister has to do is pick up the phone and say to the OMA, "We are prepared to sit down and negotiate with you." If he is prepared to go that far—and the government does not have to lose face in doing that—he still has every opportunity to bring through Bill 94. It will not come as any surprise to the government that we will probably not support it in that effort. It still has every opportunity, if the mediation process breaks down, to move right back on the fast track it is on at present, which will lead to the final passage of Bill 94.

I too am capable of reading the numbers in this House, and I know the ultimate fate as it relates to Bill 94. When the day comes that we vote on it, I can tell where I am going to stand and where my party is going to stand, but we can reach that fateful day, that particular point, with a position that is at least somewhat more comfortable for the members of this House where all members of this House feel they have made every effort to resolve this issue in a manner that is at least reasonably acceptable to the medical practitioners in this province and to the people who require those services, namely, the patients who are going to need doctors in the future, as they need them so desperately at present. I say in all sincerity that the kind of confrontational environment we have at present has been created by a government that is unwilling to compromise, negotiate or mediate.

We have a very simple amendment, which I am sure has been read by most if not all members of this House. It simply calls for the government to sit down and bring in a third party. What is so difficult to understand about that? Why is it so difficult for the government to say: "We are prepared at least to try this as a mechanism to resolve the issue. We are prepared to move"—

Mr. Callahan: What was going on before?

The Deputy Chairman: Order. I remind the member for Brampton that he does not have the floor.

Mr. Brandt: The government has not moved at all. That is the problem. They have not moved one inch over there. The minister thinks he is on a hot streak politically with respect to this issue,

but I can tell him he is not, because the chaos that is breaking this system down will come back to lie on the shoulders of that government for a long time to come.

The people who are going to suffer are the people who are going to need health services in this province, because failing to bring in mediation or a form of arbitration in this process is now—

Mr. Swart: He is good for another 20 minutes now.

Mr. Brandt: I am glad the member for Welland-Thorold is here, because I have some points to make with respect to the participation of the third party in this whole process.

The Deputy Chairman: Order. Ignore the interjections.

Mr. Brandt: I wanted to welcome the member. I will get back on the point.

Mr. Swart: I was sure he would have, but we have had useful participation without attempting to filibuster, haven't we?

Mr. Brandt: The word "filibuster" is entirely foreign to the Canadian parliamentary system. I am not aware that we have anything like that. What we have here is an attempt on the part of our party to convince the government that mediation is right and proper and that it will be helpful in this instance. That is all we are asking for. That is a reasonable position.

What is so difficult about the government moving even ever so slightly on this matter? I realize they have been discussing Bill 94 as a point of principle as it relates to their party. I question the principle certainly, but they think it is a point of principle. I realize they are going to continue to move unswervingly towards the completion of Bill 94, but at the very least they could say: "Let us hold back just a touch here. Let us take the time to rethink this position just a little bit."

The member for Lincoln, who has proposed a partial compromise on the part of our party, has an intelligent amendment, which should be supported and which could bring a little bit of peace to the current chaotic situation. That is all we are asking for. We are asking for a pause in the confrontation. We are asking for a truce in the war that is going on.

The member for Welland-Thorold (Mr. Swart) accused me and other of my colleagues of something called a filibuster, but this is a long way from any kind of unnecessary delay. What we want, I say to the member and his party colleagues, is a thorough and complete review of

this bill and of the amendments we are proposing as they relate to the bill. We want to make absolutely certain we bring in the most sensitive, most intelligent and most workable type of legislation that is possible.

I recognize we are not getting very far with respect to a great number of our amendments, but a great number of those amendments would have strengthened Bill 94 very considerably. They would have made it a more workable and more operative kind of bill, which would have delivered a high level of health services to the people of this province. Because of the lack of sensitivity on the part of the members of the third party and on the part of the members of the government, there has been no compromise whatsoever as it relates to this piece of legislation.

What we want to do—

4:40 p.m.

Mr. Sargent: On a point of order, Mr. Chairman: With all respect to the current Chairman, I have been here for a long time, almost 25 years, and I have never seen such terrible harm to a system as we have had today. Every one of the speakers across this House in the opposition party has said the same thing. Every one of them has used the same speech.

The Deputy Chairman: Order. That is not a point of order.

Miss Stephenson: Was it a point of opinion? Do I have an opportunity—

Mr. Sargent: The member for York Mills said the same thing yesterday that the member for Sarnia is saying now.

Miss Stephenson: The member for Grey-Bruce (Mr. Sargent) should have heard the member for Renfrew North (Mr. Conway) for four weeks two years ago.

The Deputy Chairman: Order. The member for Sarnia has the floor.

Mr. Brandt: With respect to the amendment being proposed by my party and with respect to the possibility of mediation being introduced into this process, we are going to work very hard to make this House understand the importance of the position we are putting forward. No matter how much time it takes, we are going to continue to put forward that position to the extent we are able and capable. I consider it a compliment to have whatever remarks I am making this afternoon associated with my esteemed colleague the member for York Mills.

Mr. Callahan: Not associated; a mirror image.

Mr. Brandt: Someone suggested it is a mirror image. I do not want to digress in any way.

Mr. D. R. Cooke: The member for York Mills delivered this speech last weekend.

Miss Stephenson: No, I did not.

Mr. Brandt: I have to say that is not true.

By not moving to mediation, the government is forcing the doctors to act in a manner totally in contradiction to their very dearly held convictions. By not moving to mediation, they are forcing the doctors into a position of hostility, which is going to escalate the present breakdown in the system even further both before and, if it does happen at some future time, after the passage of Bill 94. That is what concerns me and why we are fighting so hard on this side of the House. That is why we feel so strongly about this issue.

We are in total disagreement with the solutions being proposed by the government and the third party. We are trying to bring some intelligence into this system by suggesting that in this instance mediation is part of the solution. I admit it is not the whole solution. I agree with those who argue it is not going to solve all the problems—they are probably quite correct—but it may solve some of the problems. It may create an environment in which the attitudes are somewhat more positive and the atmosphere in which the negotiations are being conducted will be somewhat more beneficial to all the people of Ontario and not just to one party or one government or one small group.

I am going to paraphrase the amendment very briefly. If the government concurs with our suggestion, the mediator will be agreed upon by both the government and the OMA, representing physicians, and will be appointed immediately upon passage of this act. The mediator will bring the parties together to develop and recommend the structure of the relationship between the government and the physicians in the delivery of health care in Ontario.

All the doctors want is a voice in their professional futures. That is all they are saying. As the professionals on the front lines of delivering health care in Ontario, they want to have a voice in what happens. What is so difficult to understand about that? Why is it so difficult for the government to accept that as a reasonable position?

They are suggesting we set up in a balanced way government representatives and representatives from the OMA, then we sit down and see if we can work out something that makes some sense. We will bring all the hostilities to a close.

All the hospitals and all the doctors' offices that are closed at present will be reopened immediately. What is so wrong with that? The only step the government has to take is to agree to this amendment.

Mr. Chairman, I know you are a sensitive man and concerned about the constituents in your riding, as I am about those in my riding, who are experiencing a very serious and critical disruption of health services, the likes of which they have never seen before in Ontario. That is what the government has brought into the system with its firm and adamant attitude on Bill 94, and that is what it has done to the people of this province.

It has angered the doctors and caused citizens to go without health services, and it may bring about a critical situation for patients if something is not done very quickly. I am thankful nothing has happened to this point that has caused an even more serious breakdown or perhaps the loss of a life or serious injury to a patient as a result of not being able to receive health care.

Mr. D. R. Cooke: The member should sit down quickly then.

Mr. Brandt: That is not going to solve the problem, and the member knows it. It is so naïve and infantile to suggest that; I find it absolutely frightening. The member has been warned, and I warn him again, if Bill 94 goes through without this amendment, without mediation and without some sensitivity on the government's part about this problem, he is going to see an escalation of what we are experiencing at present.

Hon. Mr. Riddell: Is the member supportive of that attitude?

Mr. Brandt: No, I did not say I supported that. I do not tell the OMA what to do, any more than the member does. I can tell members, it is going to be out of hand unless that side of the House makes some intelligent decisions; those include at least sitting down with a third party and attempting to resolve the problem. That is what we are asking for at this point.

We are asking the government to use at least some common sense in sitting down with the very people who are going to have to serve the health needs of the people of this province. We are asking that it sit down to try to compromise with them. Heaven knows, after this whole issue is over, after we have completed the debate on Bill 94 and all the amendments, somehow or other the Minister of Health is going to have to bring some semblance of sanity into the health care system. He is going to have to sit down and negotiate with them over Ontario health insurance plan rates, their fee structure and the type of

work schedules doctors are involved with. All those things are going to be involved at some point down the road.

Hon. Mr. Elston: Not work schedules.

Mr. Brandt: Oh, yes. The minister knows full well what has happened in virtually every other jurisdiction where they have moved to a Bill 94, and he knows why the doctors are fighting on a point of principle as it relates to Bill 94. It has nothing to do with money or their present fee schedule; it has to do with taking away their individual professional rights as private practitioners. That is why we are proposing this amendment.

The Deputy Chairman: Order. Will you please address your remarks to the chair? Ignore the interjections and address your remarks to me.

Mr. Brandt: Mr. Chairman, I am sorry; I did not even realize they were interjecting. I was so caught up in what I was saying that I was looking over at other members across the aisle. I just wanted to make sure they were paying attention, because sometimes I wonder.

Hon. Mr. Riddell: The member's audience is few and far between.

Mr. Brandt: During the course of my time in this House I have heard some speeches here on the part of the Minister of Agriculture and Food, and he has had very thin audiences.

Hon. Mr. Riddell: I get a great audience every place I go.

Mr. Brandt: I know. I have heard a couple of his speeches, and I have heard he gets squatting ovations too.

My colleagues and I have argued over the course of the past very short while that we want the Minister of Health and the Premier to find a way to negotiate a settlement that will bring the doctors and the government back to the bargaining table, that will bring the two parties together. We suggest one of the ways that can be done is through third-party mediation. Third-party mediation has been used successfully in many other instances during the course of the history of this great province of ours. I plead with the government and ask why does it not employ that mechanism now?

4:50 p.m.

Ministers of Labour and ministers with other responsibilities, in both the present government and the previous government, know full well that when two parties get so utterly hostile and so completely adamant about their positions and there appears to be way of negotiating it,

sometimes the only way a resolution of the matter or a negotiated settlement can be brought about is to bring in third-party mediation.

These people are experts. They are experts at resolving this kind of breakdown in whatever the negotiations happen to be all about. In this case, we are negotiating about the single most important thing in Ontario, namely, health care. When we are talking about something so totally important and so completely of priority in the minds of most people in this province, why in this instance would we not use the compromise mechanism available, namely, mediation?

I am going to wind up my remarks very shortly.

Hon. Mr. Riddell: Good.

Mr. Brandt: But before I do—

Hon. Mr. Riddell: I hope the latter part is better than the first.

Mr. Brandt: Any time the Minister of Agriculture and Food wants to debate this issue on any platform anywhere in this province, he should let me know. I will be there with him any time.

Hon. Mr. Riddell: Just send me an invitation.

Mr. Brandt: I will. The member's riding and mine.

The Deputy Chairman: Order. I remind you to address your remarks to the chair. Ignore the interjectors, please.

Mr. Brandt: Mr. Chairman, I apologize to you and to the House. I got carried away. I just get so absolutely spellbound by some of the remarks made by the Minister of Agriculture and Food that I cannot contain myself.

Miss Stephenson: Spellbound? Anaesthetized.

Mr. Brandt: May I insert the word "anaesthetized" instead of "spellbound"? I do not know how to spell it.

Let me make one last plea to the Minister of Health before I give up my place and pass the opportunity on to someone else who may want to speak with respect to this important amendment. We feel very seriously and very strongly about how to bring this whole matter to an appropriate resolution. As a party, we feel very strongly that compromises are available. We say in all sincerity that there are ways to stop the kind of chaos going on at present. People of goodwill who have the best interests of the citizens of this province at heart can reach out and find a solution that makes some sense.

The people of my riding want the minister to negotiate. The people of my riding do not want to see him pound all over the doctors and beat them up. They want to see him sit down and negotiate something that makes sense with them. They want to see him bring in a mediator or a negotiator in an attempt to resolve this in an intelligent fashion. That is what they are looking for.

I appeal to the government to think very carefully and very clearly about the amendment we have put forward. It is an amendment that makes sense. It has been well thought out and very carefully reviewed by various members of my party. We put it forward in all sincerity, not in the interest of prolonging the debate or of simply carrying on discussions about Bill 94 but as a mechanism we hope will take at least one small important step towards resolving this very critical breakdown in the health services in Ontario.

Mr. McClellan: I had not intended to participate in the debate, but I thought it would be useful to relay to those in the House a very—I am advised not to do that. I will participate at a later stage.

Mr. McFadden: I appreciate the opportunity to speak on this amendment since I think it provides the framework for a solution to the current impasse we are facing with regard to the health care system.

As honourable members will recall, our party put forward an amendment several days ago that would have provided a process of arbitration for the establishment of fee schedules and other matters under this act. We felt that was a reasonable solution to the current impasse that would have contributed in a very significant way to re-establishing a good working relationship between the government and the medical profession. The government and the third party decided on that amendment. The amendment, which would have been satisfactory to the medical profession and in the long run would have worked to the benefit of the whole health care system, was defeated.

We now are attempting again to suggest changes to the act through this amendment, which I hope the House will adopt. This will go a long way towards solving the impasse and acrimony that is disrupting the health care system in Ontario today from one end of this province to the other.

Essentially, we are suggesting a process of mediation. The member for Sarnia (Mr. Brandt) provided this House with a definition of the word

“mediation.” If we use that definition, any reasonable person looking at the current impasse would have to agree that mediation is what we need currently. We need it badly.

I do not know what the minister expects will happen if this bill is passed in its current form. I hope he is not living under the illusion that if the bill is passed, everything will go back to where it once was, that everybody will get along fine, that a situation of trust will be re-established overnight and everything will just go away, all the problems will dissipate and suddenly we will be back to the good old health system we used to have.

I have news for the minister, for the Premier, for the other members of cabinet and for the members of this House. If this bill passes in its present form without this amendment, the current difficulties, acrimony and upset will not be solved. We will have a continuation of the problems we have today. I cannot understand why the minister does not comprehend this. Obviously, he is not talking to any doctors in this province.

I find it amazing that the minister who is responsible for administering the health care system has so completely ignored the feelings of the medical profession, the people on whom the whole health care system is based. It is absolutely remarkable that the Minister of Health does not recognize the strong, deep, profound opposition the medical profession has to this bill and what it portends for the future of health care in this province.

Strictly speaking, the medical profession is not upset about the terms of this bill; it is upset about the way it has been treated and what that indicates in terms of the government's plans for health care in the future.

5 p.m.

This amendment is intended to provide a cooling-off period in which the essential working relationship between the government and the medical profession can be re-established. Given the current situation of bitterness and acrimony, I cannot understand why any government would not welcome a cooling-off period as suggested by this amendment. I am absolutely amazed that when this amendment was proposed on the floor of the House, the minister did not stand up and consent that it be included in the bill. If we in this House are hoping to create good quality health care, why would the minister not be agreeable to including this kind of amendment in Bill 94?

The bill, as it now stands, allows for no arbitration, mediation or cooling-off periods. It

fails totally to respond to the real environment out there today and the bitterness that is being felt by the medical profession. It fails totally to respond to the crisis we are facing. The minister and the government cannot now say they do not know anything about it. They say: "Do not worry. If this bill passes, everything will be fine. The doctors will go back to work and everything will be satisfactory."

The government knows that is not going to happen. The proof of that is in the fact that the Ontario Medical Association's provincial council today stated that if the bill passes, job actions could increase, not decrease. The government and the third party have misled the Ontario people into believing that if this bill passes, all the job action will stop and it will go back to where we were before. That will not happen.

If this bill passes in its current form, the crisis will deepen. If this bill passes without this kind of amendment, we will head into a quagmire the like of which we have never faced. I do not think there is anybody in this House who knows how to deal with that quagmire. If we are saying we are going to bring in back-to-work legislation, for example, I think it would tax the imagination and legal ingenuity of the Attorney General to come up with any kind of legislation that would achieve that. My worry is that if this bill passes in its current form, we are going to head into a nightmare that we in this Legislature will not be able to solve in any form of lawful fashion.

Hon. Mr. Scott: If we do not have a vote, there will be a nightmare. Talk, talk, talk. Let us have the vote; that is the nightmare.

Mr. McFadden: Mr. Chairman, I am trying to direct my talk through you and I am being interrupted by the Attorney General.

Hon. Mr. Scott: Democracy calls for a vote.

Mr. McFadden: Contrary to the rules of this House, the Attorney General is interrupting me. I am trying to speed up this debate.

Hon. Mr. Scott: I will go for a smoke.

Mr. McFadden: No. The Attorney General should stay here. It is not healthy to smoke.

This amendment is intended to do two things. First, it is intended to provide a cooling-off period before this bill comes into effect. Surely that is a desirable objective in the light of the current crisis we are facing. This will give the medical profession a chance to cool down, the government a chance to start discussions again and to begin to re-establish bonds of trust and links of communication that will be necessary for the long-term future of the health care system.

Further to that, this bill is also intended to encourage the establishment of a framework in which a working relationship between the medical profession and the government can be re-established.

Looking at the amendment, subsection 5(1) provides for what is effectively a 90-day cooling-off period.

Mr. Sargent: We have heard it 50 times. Tell us again.

Mr. McFadden: The honourable member did not hear it. It is 90 days. We could expand that period if the member feels it is desirable, but I suggest a 90-day period is and should be adequate to reach some form of an accommodation. The 90-day period will encourage both sides to get on with the job, to try to come up with some form of a settlement, some form of a framework. I do not believe a 90-day period is too much. It is a minimum period in which to cool down the tempers so we can get on with discussions.

Mr. D. S. Cooke: Tell us the compromise the member supports.

Mr. McFadden: Mr. Chairman, you have instructed me to talk through you, so I will ignore the interjections.

Subsection 5(2) relates to the appointment of a mediator. An earlier amendment suggested the appointment of an arbitrator. That was deemed to be unacceptable. We are now suggesting that a mediator be appointed, agreeable to both the government and the OMA, who would get both sides together to start discussions, to go over areas in which settlement can be reached.

Lord knows, mediation is needed today. It provides for that useful mechanism, a mediation process, in which discussion can get started again. As we know from the question period and from all the reports, no discussion is going on at all today. The mediator would at least create an office through which discussions could get going.

Subsection 5(3) suggests that the mediator would seek to develop and recommend a structure for a new relationship between the government and physicians to provide for the effective delivery of health care in Ontario. Who could be against the development of a structure, the development of a relationship that will enable the effective delivery of health care in Ontario?

It is beyond me why any member of this House would be opposed to the establishment of a mediation process, given the current situation. If it were three months ago and there were no tangible evidence of difficulties, then I could

understand people saying: "Who needs it? The doctors are not going to do anything anyway. We do not need a mediation process." However, if I have ever seen a situation in a vital service in Ontario that cries out for mediation and discussion, this is it.

We cannot settle this by passing legislation in this House. We do not live in a system of government where laws are passed and people are pushed around. We hope we live in a system of government where people can get together, discuss and work out their differences. Surely that is the Canadian way. That is the basis on which we have built our society and our culture. We have a humane and civilized system here in which discussion and mediation are part of an accepted way of life. It is the Ontario way as well.

This amendment reflects the kind of good-faith relationship there should be and must be between the government and the medical profession. This bill, if it is passed in its current form, will make that kind of relationship very difficult, if not impossible, to develop in the months ahead.

Mr. Sargent: That is a lot of nonsense.

Mr. McFadden: The member opposite says it is a lot of nonsense. I guess he believes this bill is creating a co-operative atmosphere. I do not know where the member has been. He probably has not been watching television or reading the newspapers recently. Maybe he has been closeted away somewhere.

If anybody watches even one night's news, he can see that the situation in the health care system today has reached a crisis. I suggest there is not a single member in this House who has not talked to members of the medical profession about the concerns they have. If they have spent even five minutes talking with the doctors, they will understand the kind of bitterness that has been built up. We hope the amendments set out here will provide a useful framework in which the kind of animosity that has developed can be worked through.

5:10 p.m.

I cannot understand why an effort towards mediation and settlement would not receive the unanimous approval of this House. We have provided this amendment because we are anxious that when this bill passes, this issue can be behind us. We are anxious that when this bill passes, we can get back to a peaceful and productive relationship between the government and the medical profession. We are anxious that when this bill passes, the health care system will get on

with providing top quality care to the people of this province.

The one thing we know is if the bill passes in its current form, that objective will not be achieved. If members believe that the bill, if it passes in this form, will put everything back to where it was, that everybody will be co-operative and that we will maintain the kind of system we had before, the first-class care we received, they are dreaming, because that will not happen.

My concern is if we do not provide for the kind of mediation we have here, we will be back trying to deal with what could be a potentially bigger crisis in a little while from now in another bill. Surely we have debated this long enough that we should not want to—

[Applause]

Mr. McFadden: Members can applaud like a bunch of seals, I know. The fact is we have debated this bill long enough that we do not want to come back and have to deal with this again in the summer or in the fall.

When this bill is through this House, I hope at least we can provide for a framework that will enable the medical services of this province to get back to normal, quietly and in good faith and in a good atmosphere. The way this bill is now structured and set up, that will not happen. I do not say that with satisfaction; I say it with regret.

I do not think any person in this House is happy with what is going on across Ontario right now in terms of slowdowns, walkouts, and so on. There is nothing to be proud about on the part of anyone. It is a blot on public affairs in this province that it ever came to this. We have never had this situation before. Nobody can point to a single time in the history of this province when we faced this kind of crisis. The crisis created by this bill is of historic proportions and cannot be looked on with any pride or satisfaction by any member of this House. It certainly cannot be looked on as a proud achievement by this government.

It looks as though the bill will pass, but at least this House could pass this amendment which would help to alleviate the problem. It would give a cooling-off period in which the minister and his officials, together with officials of the OMA, could get together and begin discussions to develop a working relationship again. If that cannot be done in the near future, the damage being done today to the health care system will be long-term and potentially irreparable.

What happened with Dr. Ian Munro may not be an isolated occurrence. There could be doctors of world renown leaving this province. I know of

five right now who will be leaving within 12 months, who are leading specialists not only in Canada but also in the world. I hope this amendment will have the effect of getting these people to stay.

Mr. D. R. Cooke: There will be 800 coming in. We graduate 600.

Mr. McFadden: I hear we are talking about 600 new doctors. I heard the member for Kitchener mentioning that. The people we are losing will not be replaced by new graduates out of medical school. Tell me of one medical graduate out of that 600 who can replace Ian Munro. Will the member for Kitchener tell me of one of those graduates who can replace Dr. Munro tomorrow? He knows there is not one and I know there is not one, and it is mischievous and misleading to the people of Ontario to imply that there is.

Mr. D. R. Cooke: The member knows that Ian Munro is not leaving because of Bill 94.

Mr. McFadden: The Liberal Party is obviously trying to delay this debate with these interjections. I do not want that to happen. I know other members are anxious to make points here and are anxious that this section be fully debated by this House without interjections so that all the points can be made by the members who wish to make them.

Mr. D. R. Cooke: The member's points are misleading the House. He is misleading the House.

Mr. McFadden: I will simply say over the interjections by the member opposite—

Mr. Pope: On a point of order, Mr. Chairman: The member for Kitchener has accused my colleague of misleading the House. It is clearly on the record.

Mr. Chairman: Did the member for Kitchener accuse the member for Eglinton of misleading the House?

Mr. D. R. Cooke: I withdraw any suggestion of that sort, but I think it should be on the record that Dr. Ian Munro is not leaving because of—

Miss Stephenson: Oh?

Mr. Chairman: Order. Will the member for York Mills please be quiet while I deal with this? You withdrew those words. You will have your chance as this comes around to mention whatever else you wish.

Mr. McFadden: Dr. Munro is a constituent of mine in the riding of Eglinton. I probably know more about Dr. Munro than the member for Kitchener does. I suggest I am not misleading

this House in anything I have mentioned about Dr. Munro.

Before this bill goes through, we should be finding every route we can to ensure that the kind of crisis we now have can be resolved. As the bill is worded now, with the provisions it has, it will merely inflame the situation and remain an irritant, a source of division and acrimony, for months and years to come. Surely this House does not want to leave that legacy to the people of Ontario. Surely we should be looking dispassionately and objectively at amendments that will help to alleviate the current impasse.

This amendment will help in that direction. It is reasonable, it was put forward very thoughtfully by the member for Lincoln and it deserves the support of the House. Not only that; I believe it requires the support of this House because, in my view, it is needed for us to have any hope of rebuilding the health care system we once had.

Mr. D. S. Cooke: We discussed this matter at length this afternoon and yesterday afternoon as well. As we discuss the amendment presented by the Conservative Party that would now further defer the implementation of this legislation, I should inform the Legislature that I hope the minister later on this afternoon will give an up-to-date report, and tomorrow afternoon at two o'clock will give a full statement on the incident that occurred in Ajax this afternoon, when Theresa Black of Empson Court in Ajax attended hospital. She was haemorrhaging and was turned away and sent 30 kilometres to another hospital and lost her baby en route.

5:20 p.m.

Hon. Mr. Elston: We are getting information in relation to that. The information just provided does not comply with the information we have at this moment. We are checking on it. My information is that the woman has been admitted. There has not been confirmation of the loss of a child. The early release of this information has not been of assistance to us.

I can tell the honourable members of this Legislature that she was seen on both occasions by physicians at Ajax and a decision was made. She was also seen and admitted at the Whitby facility. I regret that the information was made available. I intended to make a statement when we had all the factual information. That is as much information as I can provide the members at this stage.

Mr. Shymko: I rise to support the final plea to seek some intelligent, rational approach to—

Mr. Sargent: Is this the last speaker?

Mr. Shymko: I am trying to say that this amendment is the final plea for intelligence and responsibility to us as lawmakers. It is tragic when we begin hearing the news that has just been reported in this Legislature by the member for Windsor-Riverside (Mr. D. S. Cooke). I am speaking in a totally nonpartisan way.

A few days ago, one of our colleagues was faced with a problem. Thank God it was not serious. I was at the Mount Sinai Hospital with him, as were a member of the third party and the member for Scarborough West (Mr. R. F. Johnston). We waited to see the results when the member for Lake Nipigon (Mr. Pouliot) was taken to the hospital.

As I watched my colleague the member for York Mills provide assistance, at that moment there was no partisanship. We were trying to help in a crisis situation. There were no politics. An ambulance made a wrong turn on University Avenue. Thank God the ambulance transporting an emergency victim from Brampton to Mount Sinai made a wrong turn and we were lucky to hail that ambulance to take the member for Lake Nipigon to Mount Sinai. Had this situation been critical, I am sure a serious problem would have complicated the issue and maybe would have turned around a debate here.

At noon today, St. Joseph's Health Centre in my riding closed its emergency area. The entire west end of Metropolitan Toronto is closed. At any moment today, there may be someone with a problem and an ambulance may not be around as fortunately, as quickly, by accident, by fate or by destiny as we had one in the circumstance of helping one of our members.

I do not believe in symbolism, but that told me something. In the years I have been a member in the House of Commons and a member of this Legislative Assembly, I do not think I have ever seen an issue that pointed to a crisis which no other piece of legislation addressed. We have seen problems with teachers. We were debating and there were demonstrations on the economic restraints bills, but the difference between that legislation and the final appeal of this amendment is that it affects directly the lives and the health of nine million people. That is how this is different.

Every day we get up here and listen to the Speaker in our prayer as he demands divine guidance in our deliberations. Perhaps we need some guidance from some source. I appeal to my honourable colleagues that this circumstance is not the same as addressing an economic restraints bill. It is not the same as the strike of some

workers. I saw at first hand a colleague of ours at the risk of his life, had that ambulance not arrived.

We may make eloquent speeches here in this Legislature, and there is no doubt partisanship, but I want to stop speaking for myself and quote the words of a doctor who refused to follow the OMA's directive and who did not resign as chief of staff at St. Joseph's Health Centre. He wrote a letter to the honourable minister, and I hope the minister will listen to this letter. I know the pressures he is under and I am sure he has not read it. Copies were sent to me. It is the final emotional plea of a doctor who did not go on strike.

It is from Dr. David Hynes, chief of staff at St. Joseph's. With your permission, Mr. Chairman, I will read this letter which demands and pleads for mediation in its conclusion. I have had this in my possession for the past two days, but I did not know we would have this amendment. I want to read it for the record. I hope the minister will listen to my second attempt to have his attention. I know he is sensitive to these views.

I also know my colleague the member for Cornwall (Mr. Guindon) has some things to say that may be of importance to his constituency, but I would appreciate it if that member will allow the minister to listen for a minute to this letter, dated June 13, 1986.

"Dear Mr. Elston:

"Like the majority of physicians who hold the appointment 'Chief of Staff,' I felt that it would be irresponsible of me to hand in my resignation to the chairman of the board. Indeed, that was the unanimous decision of the medical advisory committee" at St. Joseph's "which met on Wednesday morning.

"However, this apparent rejection of the OMA stand does not indicate my approval of Bill 94 and its long-term implications.

"I am a British graduate who worked, as a young consultant, in the National Health Service in the late 1960s. At that time, the profession was disillusioned, with a three-way split developing between consultant specialists, family practitioners and junior hospital staff. These differences were compounded by a 'pay pause,' a four per cent mandatory limit to annual increases, and complete rejection by government of any salary increase for physicians recommended by an 'independent' review body. "Subsequently, there has been a weakening of medical representation at all levels in the health system" in the United Kingdom "with an escalating nonclinical bureaucracy. Needless to say, a viable two-tier

system is now beginning to emerge" in the United Kingdom.

"The Canadian system (personally experienced since 1970) presents an enormous improvement over the UK scenario. There is an excellent medical and nonclinical representation at all levels" in Ontario. "There is a system" here "of well-equipped modern hospitals, largely run by dedicated independent boards responding to local needs. Also, it is still reasonably easy to obtain equipment and supplies, and the work environment is second to none anywhere. Furthermore, there is a slow but steadily progressive move, with everybody's co-operation, towards regionalization and sharing of services."

Mr. Sargent: Get to the point.

Mr. Shymko: I am coming to the point.

"It is the potential destruction of our current Canadian model which I dread, and it must be avoided at all costs.

"Every organization has its warts, and the medical profession is not immune. Abuse of extra billing must be controlled, but please do not kill the potential of our health system in order to weed out a relative handful of offenders."

5:30 p.m.

Here is the plea for a mediator, for dialogue:

"I plead with you to return to the table and rediscuss these issues. There has to be a way to deal with it. The OMA has offered a few suggestions, and these, with additional documented commitment to protect the necessary freedoms which might even be written into law, could solve the problem. Finally, in spite of my experience in England, I still think that there is a place for an independent review group to make recommendations with regard to physicians' fees—perhaps this could also be explored in greater depth.

"This letter is sent in the spirit of a concerned and involved physician, who is worried about this unfortunate confrontation and the resultant damage to goodwill on all sides. It is my opinion that, in the long term, the patient is better served by an independent medical profession who can act as the advocate. Furthermore, this will provide a much needed 'balance of power' as there are future major decisions regarding health care.

"I hope something can be done without further delay.

"Yours sincerely, David M. Hynes, MD; chief of staff, and chief, department of diagnostic imaging" St. Joseph's Health Centre.

None of us can predict what may happen following the passage of this bill. I hope to God it

will not be more information such as we heard today. Correct me if I am wrong, but in the mediation processes and dialogues pending similar legislation in other jurisdictions in this country, be it in Saskatchewan or Quebec, there has never been a point of confrontation threatening the lives and the health of millions of people as we have had, so shamefully in this province.

I plead with the minister to listen to this final plea for a cooling-off period of 90 days and a mediator. That is all we want. We have listened to the distinguished men and women who came before us and spoke of the intransigence of governments that refuse to be flexible, where confrontation is the rule of the day. We see the tragic results in such jurisdictions. This intransigence will not resolve the problem; it will perpetuate the problem. Unfortunately, it will perpetuate the tragic instances I have heard today. I address the minister, and not as a member of the Progressive Conservative caucus, and I appeal to him as I would whether I was sitting on this side or on the other, and as one member of his caucus had the courage to do. I say the same thing. I plead with him to allow for a cooling-off period and for some final mediation to prevent further tragedies.

Mr. Pope: I rise to participate briefly in this debate. I may discuss some of the nonsense I have been hearing from the Liberal members today such as that the Canada Health Act contains a provision banning extra billing. The minister made the same statement erroneously and then corrected it, in fairness to him, during the debate on Global television.

Mr. Callahan: Why do the federal Tories not give the money back then?

Mr. Pope: I say to the member for Brampton that there is no provision in the Canada Health Act that bans extra billing. If he knew what he was talking about in this debate, if he had an informed opinion on this matter and had bothered to read the Canada Health Act, he would not give the opinion he just gave in this House. There is no such thing as a ban on extra billing in the Canada Health Act. There is a provision for a penalty, a withholding of transfer payments; that is what is contained in it.

As I have discussed before in the Legislature there is an obligation, which I bore when I was Minister of Health, to deal with the federal Minister of National Health and Welfare, with the federal government. Unfortunately or fortunately depending on one's point of view, I had 97 days in the Ministry of Health. On two occasions I met with the federal Minister of National Health

and Welfare and his officials with respect to a comprehensive package, much the same as the current Minister of Health has contemplated as he went through this very difficult process with respect to extra billing.

I looked at all the options, many of which have been presented to the current Minister of Health and his colleagues. I had discussions with the federal minister about what would satisfy him in terms of a comprehensive accessibility package that would meet the five tests placed on us all under the Canada Health Act.

I want to say in response to some of the insinuations I have heard today that if I felt the passage of this bill would end the withdrawal of services, as the minister knows from information he has in his hands, it would be in my personal and my family's interests to do so. However, I do not believe that to be the case and I do not believe the matter will end with the passage of Bill 94. If I did believe it, it would be in my personal interests to expedite passage of this bill.

I do not believe passing Bill 94 is going to resolve the problem. The Ontario Medical Association says it is not. I do not believe it will because of the way passions are inflamed on this issue. I understand the minister's point of view. I understand what he is trying to do to bring the province in conformity with the Canada Health Act and to meet his party's policy, which became party policy a couple of years ago. He has the mandate as the Minister of Health to implement the policy direction of his party. This is why mediation is so important. It is the principle surrounding where one intends to head with the health care system that is as much cause for concern as this specific piece of legislation. This is why mediation may help.

I am going to be brief. The statement made by the leader of one of the parties to the accord on February 11 was not that we were dealing with a ban on extra billing and was not confined to the specific Bill 94. I quoted him yesterday. It was a call for the socialization of medicine and of the health care professions in this province.

That is what the doctors heard on February 11 in this Legislature in the windup speech on second reading of this bill. That was the signal that went out, that one of the two important partners who represent the majority in this Legislature had an agenda that was not restricted to a ban on extra billing, but was broader; it was the socialization of medicine. He said: "There are those who say we are talking about the socialization of medicine. To those who say that, I say amen; we are talking about the socialization of

medicine." That was on February 11, 1986, during the afternoon sitting, in the middle of the windup comments by the leader of the third party on second reading of this bill.

Mr. Foulds: What was the date?

Mr. Pope: February 11, 1986, in the afternoon. If the member can hold on for a minute, I will even get Hansard for him. I have read the speech from that day—

Mr. Foulds: Do not worry. I can find it for myself.

Mr. Morin-Strom: Free-enterprise medicine.

Mr. Pope: Free-enterprise medicine gave us—

The Deputy Chairman: Please address your remarks to the chair.

Mr. Pope: —one of the best health care systems in the world, my friend.

The Deputy Chairman: Order. Address your marks to the chair.

5:40 p.m.

Mr. Pope: That party wants to tear apart one of the best health care systems in the world, created by government programs and by public support, but created equally by the private sector and by private individual doctors exercising their care and their competence to the benefit of their patients. That was an important part of the process. Now they are being told they are on the eve of the socialization of medicine in this province.

On February 11, there was no discussion about their role, just a bald statement by the leader of the New Democratic Party that the socialization of medicine had begun—Hallelujah\$—combined with an attack on the doctors of this province saying that the only thing they were interested in was money. That was all; they were greedy doctors. I heard the words and I again invite my friend the member for Port Arthur (Mr. Foulds) to read the Hansard of that day. There was nothing about the individual acts of doctors during our history in accepting no payment for their services, nothing about the individual sacrifices of doctors at all hours of the day and night and on weekends to treat their patients on a caring basis as professionals with responsibility. There were only examples that he could point to to condemn the profession and to say all it was interested in was money.

Mr. Foulds: That is not true. He did not say that.

Mr. Pope: He certainly did. My friend should go back and read Hansard, example after example—

Mr. Foulds: The member is misleading the House. He is imputing motives.

The Deputy Chairman: Order. Resume your chair for a minute, please. Make sure that your debate relates to the amendment. Address your comments to the chair. Ignore the interjections. The member for Cochrane South has the floor.

Mr. Pope: Thank you, Mr. Chairman. I accept your direction.

Mr. Foulds: Oh, it is good of you.

Mr. Pope: It is better than listening to the member.

I was going to end with a couple of sentences but now I want to talk about something else. This perception that it was only a matter of money, which the New Democratic Party perpetuated in this House in the February debate, has been carried on by it in public since that date, aided by a release of information to one of the Toronto media—not about net salaries but about gross salaries, not about office expenses, payment of taxes and after-tax dollars but about gross payment out of the OHIP system—to further underline the perception that this matter related only to lining the pockets of the doctors of this province.

Mr. Foulds: Are you accusing the doctors of lining their pockets?

Mr. Pope: No, that is what the member accused them of doing, and he does it continually. We heard it today again in a similar vein from the New Democratic Party when it used the word "elitism." In other words, they see the doctors as an élite target, an economic target. In their socialist system, they are damned well going to tear the doctors down. That is their agenda. That is what the accord means to them. That is one of the partners to this legislation, one of the partners of this government. That is what they are saying to the doctors of this province.

Is there any wonder that they need mediation? Is there any wonder that they need someone to cool it out, someone somewhere who may understand the fears and frustrations of the medical community of the province and allow for saner heads to prevail in some discussions about this bill and this bill alone?

In fairness to the minister, he has tried in the past month to scope his comments into this bill and we have noticed the change. I think he has recognized the reaction and the response of the medical community. We have noticed the change in his rhetoric about the importance of the individual doctor as a professional and as a deliverer of health care in this province. We have

noticed an abandonment of the dollar argument and we have noticed a scoping-in on the specific provisions of Bill 94 and an attempt to say: "This is on our agenda. This is what we are doing. Do not look for a hidden agenda."

I am not imputing motives at all, I am not saying anything about it, but the history of this is such that it will take some time for that attitude and those statements to work their way into the medical profession, to get a like response and to allow for some meaningful trust, co-operation and discussion between the government and the Ontario Medical Association.

There is no doubt that with respect to the specific so-called issue of extra billing, there have been some changes in position. The public initially supported the government measure by 85 per cent. It is now 56 per cent. There is a growing concern and a questioning, not a lack of confidence, about whether this is all it is cracked up to be, whether this is the solution people were promised it would be. There is a questioning of that by the public. I do not think it will go away with the simple passage of Bill 94. If I thought the passage of Bill 94 would solve the personal situations—and in some cases, of tragic proportions around the province—I would be the first to rush and demand its early passage. I do not see that happening yet.

I genuinely believe a mediator can help in this situation. There are problems. There is no human way possible that the minister, as one individual, or his staff and his office, can keep track of what is actually happening in the province. I know he is trying. I know his people are making calls. I know the minister is trying to co-operate with the members of this Legislature when problems are brought to his attention, and we appreciate that. We understand the genuineness of his feelings in his attempts at this. However, with the complexity of our health care system, the number of practitioners in it and the number of reference points and transfers within it, there is no possible way one human being or one organization can keep a handle on it. That is why I said today, and it was not in a critical way, that despite the minister's best efforts, there can be no monitoring, no assessment, unless the patient attempts it in his own way.

I will go back to my riding and make this statement to the media. I will say, "If you have any problems, call on our office and we will try to refer you through the Ministry of Health system to make sure your personal problems are resolved." I am worried that I will not catch all the people in my riding. I know every single

member of this Legislature is worried about the same thing. We are worried that we might not move quickly enough, that we might not understand the seriousness, that we ourselves might not be able to get hold of the doctor in Toronto, his office, his staff, the local doctor or the hospital in Toronto to which these people are being referred. We are afraid of the consequences of that.

The situation in terms of what is happening across the province is out of control. This whole thing started with the introduction of Bill 94, but it has gone beyond that. Our party has been clear from the very outset that we do not support the withdrawal of services. Our leader and the spokesmen for our party have said that. We are worried about the consequences to the public, the patients of this province. We are worried about their medical needs being met.

At the same time, we are worried that the opinion and philosophy that pervades one of the parties to the accord is one that will never be accepted by the medical profession. While that philosophy is there, unaddressed by a mediator, there cannot be any progress. I think the minister has attempted genuinely to dispel that notion in the past few weeks as I have watched him handle this issue.

5:50 p.m.

I will conclude by saying that I have not had the support of doctors in my riding in the past. The House leader for the government knows that. I have not necessarily been a favourite spokesman for the medical community. I have not been on the phone every day to the Ontario Medical Association or to the local medical society in Timmins. All I know is that the phone calls we get in our constituency are from people who are genuinely afraid.

They do not link it to the passage or nonpassage of Bill 94. They relate it to the general uncertainty and what it means to a miner in Timmins who has scheduled his time off, who has bought an Air Canada ticket in advance to come down to Toronto to have an operation for the removal of a tumour and to whom somebody in Toronto says: "I am sorry. We have decided that is elective surgery. Do not bother showing up because we are only handling emergency cases."

They are worried about the fears of that miner in Timmins and about the anguish of his family, even if it is only an exploratory or a biopsy operation, the concern of that family as to what the future holds for a loved one, wondering whether they are going to have to go to Toronto

because they cannot find the doctor to whom the case was referred, cannot find the doctor who was going to perform the operation. Is he supposed to come to Toronto and spend three days in the Royal York Hotel?

Is what we say here as politicians in terms of principle, as we adjust our positions and try to gain the upper hand in this issue from the point of view of the media, as important as what we hear in our constituencies? Is it as important as what we hear from an individual? I have had people come into my constituency office in tears because they cannot get an answer from anybody as to whether they are going to Toronto for an operation. Is that the answer? Is all this skirmishing here the answer to a doctor, and this happened, who breaks down and cries in an emergency ward because she has to make decisions she does not want to make as to whether a case is urgent enough for admission or should be sent to another emergency department?

This is happening all across the province. Believe me, it has nothing to do with the passage of Bill 94. It has to do with the government and its responsibility to deliver health care across this province and its relationship to only one important element in the delivery of health care; that is, the medical profession.

Once I got going, I tried to cool my tone and not to shout. I sincerely believe that a mediation process is our joint responsibility as a Legislature. I hope it works. I hope we can get back to the old days, not necessarily in terms of the law or the financial relationship. I remind the members of the Legislature that the government can still claim credit for concessions from the OMA for senior citizens, for the financially disadvantaged and for emergency services. The government can already claim credit for some of those concessions.

Things have already changed. Senior citizens are going to be protected if the existing position of the OMA is accepted. Things are going to change for the financially disadvantaged if the position of the OMA is accepted. Things are going to change in the emergency rooms in hospitals across this province if the position of the OMA is accepted. This government can say that the process it started publicly on December 19, but perhaps undertook before that, brought about these changes. There have been some gains that the government can claim. What is wrong with taking the rest of the issues and trying to sort them out in a mediation process? I think that makes sense.

I hope the members will accept the words I have given. With that, I will sit down and thank you for your indulgence as usual, Mr. Chairman.

Mr. Jackson: It is not with great pleasure that I rise in the House today to discuss the current health care crisis in this province, and in particular to discuss an amendment to the bill. I am afraid it is somewhat fitting for two reasons. First, having been a member of the standing committee on social development and having participated in the public hearings on this bill for the past four months, I would wish to make some comments on the bill. Second, yesterday, for the first time in its 25-year history, the emergency department at Joseph Brant Memorial Hospital was closed to public service.

The minister is familiar with our hospital. He visited it just two weeks ago and was treated in a most cordial manner as he saw one of the finest health care institutions in the province. Merely two weeks later, we have a crisis of unprecedented proportions that undoubtedly will leave a scar on this government's reputation for its treatment of this issue for many years to come.

The amendment before us has to do with a third-party resolution. It is important for the members of the House to realize that yesterday, when the Joseph Brant Memorial Hospital shut down its emergency department, I took the initiative of bringing additional staff into my constituency office to handle the calls, to listen to the concerns and to see if we could help in any way the citizens and patients who would be calling as a result of that.

I did this because on the previous day I received no assurances from the Minister of Health that a proactive approach was being taken by this government with respect to the current crisis. He made the offer that any cases would be dealt with on an individual basis, but one can appreciate that was after the fact. The minister, having responsibility for the entire province, was hardly going to handle the several hundred calls and concerns that were anticipated in my riding.

What I learned yesterday was that there is a growing shift in emphasis on the part of the public to the position that the government not seek a stonewall position, that the government not persist with its current approach to this bill and that a mediator be appointed immediately. That was a clear consensus because public awareness of the issues of this bill is growing every week. If any member in this House would set aside his party position and listen more closely to what concerns are being expressed in his community, he would realize that the public

knows better than he what is involved with this bill.

It is not unusual to see that the public now is saying there are two sides to this dispute that have taken fixed positions and that this situation will persist beyond passage of this bill. The public is convinced of that. My friends in the NDP are keenly aware of times in history when a bill has been put forward and yet there has not been peace or settlement or tranquility to follow, when a group, whether an organized bargaining unit, whether unionized or whether citizens without such protection, realizes there is no immediate relief from this kind of legislation.

6 p.m.

We hear today in the House, reports that the doctors have indicated mere passage of the bill will not stop the kinds of public activities that are going on. One can hardly blame the doctors and the public for calling for a mediator. They are calling for a mediator because they no longer see this as a monetary issue. They see it as an issue that deals with the changing of the unique and special relationship that exists between a doctor and his patient and the government's attempt to interfere with that right.

I have heard the minister say in television debates and in other public forums that nowhere in the bill is there evidence of this. Yet, as the member for Cochrane South has alluded to and my friends to the left have referred to in their summary statements on this bill, we are talking about socialism and socialized medicine for this province.

We heard from our very Premier—it came out of his own loose lips in a statement he made to a Kitchener radio station—that there was more in his agenda for Ontario than what is contained within Bill 94. If the Premier is going to talk about capitation, there being too many doctors in this province, sickness taxes and fees for service, then he has no right to criticize the doctors or the citizens of Ontario for saying and believing that his agenda is far greater than the boundaries of Bill 94. That is why mediation is required. It will not stop with the passage of this bill. The public can no longer be fooled by this public relations program.

There are more and more people who are coming to this conclusion. During the hearings, a number of groups presented themselves before the standing committee on social development and argued strongly and cogently in favour of the government's position on Bill 94. During discussions and examination, we asked them, "What if the climate in Ontario should escalate to a

conflict?" In our wildest dreams, we had no idea it would get to this state. Many groups were concerned that the potential for this would exist, because of their own experience as organized groups in Canada and in Ontario.

The Consumers' Association of Canada was very quick to line up to support the government and the New Democratic Party. On March 5, its representatives appeared before us and said they would support a binding-arbitration model similar to that of Nova Scotia and Saskatchewan in the event of nonagreement on fees and other matters, and that model includes mediation. It is interesting they supported the bill, but they also supported the very concept of what the Progressive Conservative Party tabled before the House today.

Even Bob White of the United Auto Workers Union of Canada, who may some day be in this House or some other great House in this country, representing the sons of the social pioneers, said on March 5:

"We have been involved at thousands of bargaining tables over the years, but not once have we seen a resolution whereby one party to the agreement can unilaterally vary key terms of the agreement. In some instances we have been forced to negotiate things we did not agree with. Our response has been to find a compromise that both sides can live with."

I want to repeat that for the three members of the New Democratic Party who are paying close attention to these comments. He said, "Our response has been to find a compromise that both sides can live with."

During cross-examination, Mr. White agreed that a model of co-operation, which Ontario has been built on, would involve mediation or arbitration. On March 5, Mr. White may have had the foresight to see what might happen or how badly this situation might escalate. This is what Bob White said, representing his friends to the left: "I do not have any problem with protesting actions. I do not have any problem with the doctors having the right to bargain" in such a way.

That is very interesting. We understand that we might have the support of one of the traditional supporters of my friends to the left for the principles involved in our motion.

Mr. Foulds: The member does not have the support of Bob White. Quit misrepresenting his position, you clod.

Mr. Jackson: I have more of them. I imagine the member for Port Arthur is really asking me for more examples. The Ontario Nurses' Associ-

ation, on March 18, dutifully and carefully came prepared to respond to this bill.

Mr. Foulds: Typical dishonesty of the Tories.

Mr. D. R. Cooke: That is how he got all those signatures on those petitions, by misrepresenting to his own constituents.

Miss Stephenson: On a point of order, Mr. Chairman: The member for Kitchener (Mr. D. R. Cooke) has been making some absolutely unparliamentary remarks. The last one was that the member for Burlington South (Mr. Jackson) was misrepresenting the situation to his constituents. I believe the member should be called to order.

Mr. Gillies: On a point of order, Mr. Chairman: Further to that, I distinctly heard the member for Port Arthur refer to my colleague as a clod and dishonest. I question the parliamentary nature of either of those remarks.

Mr. Foulds: I will grant easily that they probably are provocative, but I am not sure they are unparliamentary. However, if the member for Brantford (Mr. Gillies) is so sensitive, I will easily withdraw them so the debate can go on without any rancour.

Mr. Jackson: I can assure the members that the comments of the member for Port Arthur were not new to me.

The Deputy Chairman: Order. You will apologize after that one.

Mr. Jackson: Yes.

The Deputy Chairman: Did the member for Kitchener make those remarks?

Mr. D. R. Cooke: I was referring to the relationship that the member for Burlington South had with his own constituents. They did not concern any remarks he made in the House.

Miss Stephenson: I have rather good ears. He said: "That is how he got all those signatures on the petition. He misrepresented the situation to his constituents."

The Deputy Chairman: Will the member for Kitchener withdraw those remarks? I am sure he will.

Mr. D. R. Cooke: At your request, Mr. Chairman.

Mr. Jackson: I point out for Hansard that the quotations the member for Port Arthur finds so offensive are a matter of record. They were taken directly from the public hearings of the standing committee on social development.

Mr. Foulds: Mr. Chairman, on a point of order or a point of privilege—

The Deputy Chairman: Is it a point of order or a point of privilege?

Mr. Foulds: You can take it the way you want. Mr. White, as I understand it, was talking about the negotiation of the Ontario health insurance plan fee schedule; he was not talking about mediating the principle of extra billing.

The Deputy Chairman: That is not a point of order.

Mr. Foulds: In that sense, Mr. Chairman, I stand by my point that the member is misrepresenting the White position.

The Deputy Chairman: Thank you for your point again.

Mr. Jackson: I invite the member for Port Arthur to read the entire transcript before he rushes to his feet and rushes to a judgement. I will be pleased to have him do that.

The Deputy Chairman: I remind the member for Burlington South to debate the amendment.

Mr. Jackson: Thank you, Mr. Chairman. You have been most helpful.

I was in the process of inciting the member for Port Arthur with a quotation from the Ontario Nurses' Association, which I assure him is not out of context but is consistent with the theme I am trying to convey with respect to traditional supporters of this bill and their opinion of the issue of third-party intervention and mediation.

Here is what the Ontario Nurses' Association said:

"The association also believes physicians have a reasonable right to expect an open and publicly accountable mechanism for dispute resolution. When the parties cannot agree, there should be a third-party intervention to resolve the dispute and we expect neither party would unilaterally impose a settlement."

That was stated on March 18 by Mrs. Alexander, who I believe is the chief executive officer of the Ontario Nurses' Association. You will also note, Mr. Chairman, that the Ontario Nurses' Association attended the hearings as members of the Ontario Health Coalition and reiterated that position.

6:10 p.m.

Hon. Mr. Wrye: I do not think she was talking about Bill 94.

Mr. Jackson: There is more. If the members are asking me to clarify further, I can go on about their support for strike action. I hope I am not being prophetic, and I hope they will not have to be brought forward in some future debate in this Legislature because of the government's total

and absolute miscalculation of the events that may befall the province following passage of this bill.

The Medical Reform Group of Ontario appeared on March 4. We love Dr. Berger, who has commented quite extensively in the local media. Dr. Berger said, "Our opinion is that binding arbitration and a grievance procedure with the absence of a legislative veto would meet both our demands and perhaps your concerns." He was responding to questions about third-party intervention.

The Ontario Public Service Employees Union, a favourite of the government, was very anxious to appear before the social development committee and comment about third-party intervention and about mediation.

Miss Stephenson: It had special status.

Mr. Jackson: That is right. The member reminds me that OPSEU was allowed special status before the committee to respond. They appeared before us on April 11.

Mr. Upshaw, the vice-president of OPSEU, said when responding to negotiation:

"In our view, the methods should be modelled on those which apply to the negotiation of collective agreements between unions and employers, and they should specifically include the right to strike. It is well known that all the members of Ontario Public Service Employees Union involved in health care and who come under the Hospital Labour Disputes Arbitration Act are denied the right to strike. Instead, they are required to submit to binding arbitration. We always have opposed this restriction and have no wish to see it imposed on doctors. It seems unlikely that the doctors themselves would agree to it, and in this they would have our support."

Mr. Usher from the same group went on to say: "The doctors should have the right to strike. Anybody who works in that kind of a relationship should have the right to strike."

Finally, they said, "If they do not like the fee schedule the government offers, we are saying that they should have the right to withdraw service."

This is from a group that came forward and supported Bill 94, supported the government and supported the members of the third party.

The government has changed the rules, and the public has woken up to the changes to Bill 94 that have occurred since the bill entered this House. The ground rules have changed, and there is growing support even from groups that started out in this debate and made presentations before the standing committee on social development in

support of the bill. They had no idea some of these things were being planned.

OPSEU concluded on that same date of April 11:

"If...it comes to the point where they might bargain about that, then they should have the right to strike over those issues in just the same way they should have the right to strike against a fee-schedule offer they are not satisfied with. It is as simple as that. We go no further than that item on which the government now negotiates with the doctors, their fee schedule. They may want to strike over any change, not only in the fee schedule as far as dollars are concerned but over the method of payment, if a different method of payment were proposed. That would probably lead to an even hotter debate than over Bill 94."

It is clear that more and more groups are concerned that the rules of the game with respect to Bill 94 have changed and that there might even be support for limited job actions on the part of doctors after the bill is passed by groups that came before this Legislature in support of Bill 94. That would certainly create an interesting dilemma for members on my left.

Mr. Foulds: We have no dilemmas on this bill. Unlike the split in your caucus, there are no dilemmas on this team. If you want to put the OMA under the Labour Relations Act, we will be pleased to do that too.

Mr. Chairman: Order. The member for Port Arthur will please not interrupt.

Mr. Jackson: I am coming quickly to a reference from the member for Windsor-Riverside (Mr. D. S. Cooke) which may be of interest to the member for Port Arthur.

Mr. Chairman: I presume you are referring to excerpts and not to whole passages at length.

Mr. Jackson: This is my last one.

The Ontario Health Coalition—

Mr. Foulds: Are you going to misrepresent their position too?

Mr. Jackson: They were doing a good enough job of it during the hearings.

Mr. Gillies: On a point of order, Mr. Chairman—

Mr. Chairman: If the point of order is regarding the interjection of the member for Port Arthur, that is fine. I heard it. Will the member for Port Arthur please withdraw the word "misrepresent."

Mr. Foulds: I just asked the member whether he was going to misrepresent their position. If he wants to reply in the negative that is perfectly—

Mr. Chairman: Order. Please withdraw.

Miss Stephenson: He said "too."

Mr. Foulds: Mr. Chairman, I withdraw the word "too."

Mr. Chairman: Please withdraw the entire phrase "Are you going to misrepresent this too?"

Mr. Foulds: I withdraw that phrase.

Mr. Jackson: Again, I am quoting from the Hansard report of the standing committee on social development of March 6.

The Ontario Health Coalition executive director, Miss Harding, was very clear; so there is no room for misinterpretation. I quote:

"The coalition also believes that all agreements between the minister and practitioners must conform to the established principles of collective bargaining. Most important, there must be procedure equity. Both parties must bargain in good faith and agreements must be binding on both parties."

Dr. Rachlis said:

"In resolving disputes between the medical profession and the government, the Ontario Health Coalition believes that medical practitioners have a reasonable right to expect an open and publicly accountable mechanism for dispute resolution. Thus, such mechanism must adhere to the principles of collective bargaining. The coalition is opposed to mandatory binding arbitration. It provides no incentive for either party to negotiate in good faith."

It appears clear during questioning on this matter that virtually all groups that presented themselves before the standing committee on social development felt there would be a need for mediation of matters outstanding, especially matters that have been allowed to escalate to the extent they have throughout Ontario in the course of the past seven days.

6:20 p.m.

I would further like to report on the fact that I have had four occasions to present petitions from constituents of mine from the greater Hamilton area. I know the member for Kitchener has alluded to some form of manipulation in obtaining those signatures. I want to assure the member for Kitchener that, had he read the petition, he would know it only asks for three things. Primarily, it asks for the climate of confrontation to stop and that a dispute resolution method or medium be found as quickly as possible to avoid any further upset with respect to Bill 94.

I do not know why the member for Kitchener finds the objectives of that petition so difficult to live with or why he would impugn the motives of

the citizens of Ontario who signed it. I believe they are expressing the opinion of the majority of the citizens of this province, that a dispute resolution mechanism must be found immediately. Simply passing the bill is not the answer.

Earlier there was an objection to the fact that our motion on mediation calls for 90 days. I would like to point out that the penalties, if we can call them such, contained in the Canada Health Act do not reach a point of no return until April 1987. Clearly, the government cannot use the argument, as the Premier did in the House today, that the Canada Health Act in and of itself is the reason he is unable and unwilling to negotiate with the medical profession.

Mr. Chairman: Order. There are many noisy conversations going on. I know it is distracting the member who has the floor.

Hon. Mr. Nixon: He has the right to speak, but I do not know of a rule that says we have to listen.

Mr. Chairman: However, you cannot interrupt him.

Mr. Jackson: It is unfortunate the members are not listening as intently as we had hoped. This bill was ripped out of the standing committee on social development after we had agreed to a public debate and to receive public input. I am disappointed that members in the Legislature might scorn direct references to those public hearings when they may enlighten the members about some of the concerns that were raised. I was careful to present those groups that supported the government and the members to my left in what they were saying, specifically and with focus on the area of third-party resolution.

It is interesting to note as well that our amendment asks the mediator to "bring the parties together to develop and recommend the structure of the relationship between the government and physicians in the delivery of health care in Ontario."

It strikes me as odd that there has been a lot of talk from all quarters about the need to examine the health care delivery system in Ontario. In the time of crisis we find ourselves in, if real leadership were to be expressed by not only the government but also the Premier, who is responsible for that leadership, it appears to be an appropriate time for him to give some signal to the medical community that he will set aside his confrontation and what he calls his principles in favour of a mediator and of sitting down to discuss the structure of the relationship. Obviously, it is badly in need of repair. The Premier is

deluding himself if he thinks the relationship will repair itself five minutes after the bill is declared.

The citizens of Burlington South have endured their first emergency department shutdown in the 25 years of the Joseph Brant Memorial Hospital. It is a community which, incidentally, believes that passage of the bill will not mean an end to the torn relationships that exist between this government and health care providers. It is on behalf of those citizens that I particularly appeal to all members of this House to consider this mediation tool and to allow it to be in the bill.

I believe strongly that once this bill is approved, the Premier is still going to be seeking a solution to the political dilemma in which he finds himself. It appears he has an opportunity to exercise a great personal face-saver by moving to a mediator, and a face-saver is very important to our Premier. He has modelled his leadership style around what he thought would occur with this bill. We all know—the media, the medical profession, the public and the politicians—that the bill has not evolved in the way the politicians on the government side thought it would.

Hon. Mr. Nixon: I will interrupt the honourable member and ask that he yield the floor for a moment. I wonder whether the House would be prepared to give unanimous consent to sit beyond 6:30 p.m. so we can continue with this important issue.

Mr. Chairman: Is there unanimous consent?

Some hon. members: No.

Mr. Chairman: I hear noes on my left.

Hon. Mr. Nixon: On a point of order, Mr. Chairman: I have been asked by my leader to bring to the attention of the House a concern that was expressed to him by the Leader of the Opposition (Mr. Grossman) in a letter he received just a few minutes ago. The Leader of the Opposition expressed his concern that the Premier would not be in his place tomorrow to answer questions because the Premier has agreed to go to the opening at the Royal Ottawa Hospital.

My leader, the Premier, has indicated his timetable would permit him to carry out his duties in Ottawa if the House were to sit at one o'clock tomorrow afternoon instead of at two. Perhaps before the committee rises, there might be an agreement that we could put to Mr. Speaker when the House resumes that we make that minor adjustment tomorrow to accommodate both leaders. It would also give us an additional hour to continue with the debate.

Mr. Chairman: Excuse me. This is committee of the whole House. I believe it would be more appropriate if that were put to the Speaker of the House so the House has a chance to express unanimous consent or otherwise.

On motion by Hon. Mr. Nixon, the committee of the whole House reported progress.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I have already brought to the attention of the members present the request from the Premier (Mr. Peterson) that the House sit a bit early tomorrow so he might be able to attend question period. I ask for the consent of the House that when adjournment occurs today, the announcement be made that we sit at one o'clock tomorrow.

The Acting Speaker (Mr. Morin): Is there unanimous consent that the House sit tomorrow afternoon at one o'clock?

Hon. Mr. Nixon: Our friends at the table have pointed out that we sit at 10 o'clock. I am talking about the afternoon session.

The Acting Speaker: The House would sit from 10 o'clock to 12 noon and from one o'clock until 6:30 p.m. Is there unanimous consent?

Mr. Harris: Will we start with the ordinary two o'clock proceedings?

Hon. Mr. Nixon: Unfortunately, I am afraid that is not what we have in mind. To take part in the question period and to meet the requirements of the Leader of the Opposition (Mr. Grossman), the question period would start right at one o'clock. If the members want to stand it down after 15 minutes, when the Premier can get away on his other duties, that is okay. But it will not be possible for us to go through the routine proceedings in the ordinary course of events.

The Premier has asked that this be done in response to the request from the Leader of the Opposition. It seems perfectly reasonable, but if anybody thinks it is not, then let us not do it.

Mr. Harris: That is fine. I wanted to make sure that is what we were doing. I had understood we would start the two o'clock program at one. I would concur if we were to start right with question period and as long as we were not debating Bill 94 from one to two.

The Acting Speaker: Is there unanimous consent that question period start at one o'clock?

Agreed to.

Hon. Mr. Nixon: I would like to make a comment on the business tomorrow. After the adjustments that have just been agreed to in the first part of the afternoon session, we would like to call Bill 94 for a continuation of this committee work. We are hoping confidently the committee review will be completed, at which time we would like to call the bills, the numbers of which I do not just have handy but all the members know the bills to which I am referring, previously scheduled this week for Wednesday.

The Minister of Health (Mr. Elston) has also asked me as government House leader to include Bill 109, the Health Disciplines Amendment Act, which he assures me he has discussed with his critics. While the bill is extremely important, it is possible it might proceed without extensive debate, which would be substantially convenient for the people directly affected. With the concurrence of the House, I would like to call Bill 109 for second reading after the conclusion of the committee work on Bill 94.

The Acting Speaker: Is there unanimous consent that we proceed with what Mr. Nixon proposed?

Agreed to.

EXTRA BILLING

Mr. Foulds: On a point of order, Mr. Speaker: To correct the record, the member for Cochrane North made certain allegations against my leader—

Hon. Mr. Elston: Cochrane South.

Mr. Foulds: The member for Cochrane South (Mr. Pope). I apologize to the member for Cochrane North (Mr. Fontaine).

I would like to read that quotation in its entirety: "There are those who say...we are talking about the socialization of medicine. To those who say that, I say amen; we are talking about the socialization of medicine. We are saying that health is an individual and social right that is too fundamental to be left and treated as a commodity."

I quote the definition of socialized medicine from the Concise Oxford Dictionary: "provision of medical services for all from public funds." That is the definition of medicine the Tory party and the Ontario Medical Association disagree with and one we endorse.

The House adjourned at 6:34 p.m.

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No. 35

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Thursday, June 19, 1986



Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC

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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, June 19, 1986

The House met at 10 a.m.

Prayers.

ORDERS OF THE DAY

PRIVATE MEMBERS' PUBLIC BUSINESS

ONTARIO SENIOR CITIZENS' PRIVILEGE CARD

Mr. Laughren moved resolution 25:

That in the opinion of this House, the government should extend the use of the Ontario senior citizens' privilege card to all retired and disabled persons to allow them access to reduced or free admission to exhibitions, museums, theatres, provincial parks and other special services now available only to senior citizens 65 years of age and over.

Mr. Laughren: I shall reserve some time for windup because I know that at the end of all the members' remarks, I would like to spend some time thanking them all for their support of this resolution.

At present, all senior citizens aged 65 and older who are permanent residents of the province are eligible for the Ontario senior citizens' privilege card. There are two types of cards: numbered and unnumbered.

You get a numbered card if you are a senior who has lived in Ontario for 12 consecutive months. This entitles you to the Ontario drug benefit card as well as other privileges and discounts such as reduced rates at some hotels and restaurants; reduced admission on certain days or at certain times to theatres and movie houses; free admission to various shows, exhibitions, museums and art galleries; free personal cheques and other special services at some banks and trust companies, and other discounts offered by businesses.

The unnumbered card is issued to seniors who have not yet met the 12-month residency requirement. It does not qualify them for the drug benefit but serves as identification for access to the other privileges and special rates available to seniors. In other words, it identifies them as senior citizens but does not give them automatic access to the drug benefit plan which the numbered card gives to our senior citizens.

The numbered card is limited. The only guaranteed benefit is the Ontario drug benefit. The granting of the other benefits is at the whim of the companies and agencies involved. Our recent experience with the Canadian Pacific Railway and its attempt to take away the rail passes from its pensioners is a good example of how fickle that whim can be. I had some special involvement with the CP rail passes because the campaign to have those passes reinstated, which was successful, was led by some good friends of mine in the community of Chapleau, the Group of 55. They fought and won a major battle against one of this country's largest corporations and a tribute should go to those people in Chapleau.

The card does not guarantee access to the type of privileges and discounts mentioned above, nor is the card necessarily needed for such access. Thus, to extend coverage of this card, as I am calling for in my private member's resolution, is largely a symbolic gesture, but it is an important act of symbolism. I am asking that the Ontario seniors' privilege card be extended to two constituencies: all retired persons and the disabled.

Let us deal first with extending the use of the Ontario senior citizens' privilege card to all retired persons. I reiterate that it is now available to people 65 years of age and more. This would extend it to all retired persons.

There are fundamental changes occurring in our society which necessitate the extension of this card to all retired people. First and foremost is the changing nature of work brought about by the technological revolution, a major structural upheaval that is taking place in our economy. One of the most important elements in this ferment is the huge increase in early retirement, retirement before the age of 65. Early retirement is seen as a way of coping with work-force reductions.

Sudbury is a good example of this. In the last two years, hundreds have taken early retirement as Inco has halved its hourly-rated work force from 12,000 in 1978 to something in excess of 6,000 today. If I go back a little further to when I was first elected to this chamber in 1971, the hourly-rated work force at Inco was around

18,000. It is down to not much more than a third of that.

Since those early retirements have taken place, many through incentives by the company to take early retirement, a strange thing has happened to Sudbury. I say "strange" because people do not normally associate seniors with a release of energy in the community, but when all those people took early retirement, there was a new release of energy. These are not people who have physical problems, they are healthy and robust, but they have taken early retirement, which allows younger people to fill their jobs.

There is an enormous amount of pressure in the community to build workshops for these early retirees. They have an enormous amount to contribute in a volunteer way and in working in machine or woodworking workshops, for example. The whole question of what a community should offer its seniors is being raised in communities such as Sudbury. This resolution would go at least part-way towards making life a little better for those who retire early.

A couple of my friends retired early from Inco. One has passed away now. He was a miner and he singlehandedly built from scratch a large backhoe and front-end loader. He did all the hydraulics and electrical equipment in the machine. Obviously, this man had never achieved his potential on the job, and when he retired he basically became a mechanical engineer, although he had no formal training in that.

There is enormous potential among our retired persons. Another friend, Eddie Pitton, when he took early retirement, turned what was just an ordinary cottage into a beautifully landscaped, year-round home. These people could not do these things when they were working full-time in the mining industry. There is an enormous amount of creativity and energy that is being released as people take early retirement.

It is not only companies that have been resorting to early retirement. Employee groups have been incorporating this option into their deliberations and negotiations. For example, amendments to the Teachers' Superannuation Act which became law on February 12, 1986, allow teachers to retire at 55 if they meet the requirements, such as at least 10 years' credit in the teachers' superannuation fund. They can retire without a penalty. Until this time, there was a five per cent penalty per year on the pension they would receive, I believe, which was an incredible discouragement to take early retirement. With declining enrolment, this has been a problem in the teaching profession.

Our legislative counterparts in Ottawa are cognizant of this change. There is now legislation before Parliament that would make Canada pension benefits available to those who retire at age 60 instead of the present 65. Closer to home, we are awaiting legislation from the Minister of Consumer and Commercial Relations (Mr. Kwinter) that will, among other things, make it mandatory for private companies to provide an early-retirement option beginning at age 55 for their employees.

This phenomenon of early retirement has significant ramifications in our vision of economic development and strategies for full employment, all of which are obviously beyond the scope of this resolution. However, what is important for us today is that we recognize there is a rapidly growing population of retirees who are less than 65 and are generally between the ages of 55 and 65. The term "senior citizen," meaning someone 65 or older, and "retiree" are no longer synonymous.

10:10 a.m.

This resolution aims to bring the senior citizens' privilege card in line with this reality. At the same time as more and more people will be retiring prior to age 65, the 55-to-64-year-old population is projected to grow at an accelerated rate. Figures published in August 1985 by the office of economic policy of the Ministry of Treasury and Economics project an increase of 44.7 per cent in the 55-to-64-year-old group between 1983 and 2006, 20 years from now. That is far above the average projected increase of 18.5 per cent for the population as a whole. It is projected to grow at 18.5 per cent by 2006, and the population aged 55 to 64 is projected to grow at a 44.7 per cent rate. That will be the breakdown 20 years from now.

In absolute numbers, this group is expected to grow from 849,000 to 1,229,000 in these years. The population in this age group is only slightly smaller than those who are 65 and older. If one piggybacks the phenomenon of early retirement on this projected growth in population, it is clear that there will be many retirees who could benefit from the Ontario senior citizens' privilege card.

I would now like to deal with extending the use of the Ontario senior citizens' privilege card to the disabled—not only to those people who are under 65 and retired but also to those who are disabled, regardless of their age. As pointed out at the beginning, the only benefit the card guarantees in the present situation is the Ontario drug benefit. This benefit is already extended to residents of Ontario under age 65 if they are

residents of an extended-care facility or a home for special care or are recipients of the home care services available from the Ministry of Health. The Ontario drug benefit is also available to those on general welfare assistance or those who receive an allowance from family benefits. The disabled and the permanently unemployable are the largest group of recipients of family benefits.

What we are asking for in this resolution is not to limit the provision of this drug benefit to the disabled in the above-mentioned categories, but to extend it to all the disabled whose needed medications are not covered by other plans; for instance, to those who are in receipt of disability pensions from the Canada pension plan. As another example, in the case of those who have entitlements to workers' compensation, the Workers' Compensation Board pays for necessary drugs, although it does not pay for medication needed for an injury or disablement that did not occur at work. Thus, an injured worker receiving workers' compensation would be able to get the Ontario drug benefit for noncompensable problems.

I know that sounds complicated. However, even a discussion of something such as medication for these people raises the whole question of the desperate need for a universal sickness-and-accident insurance plan. In such a system, the administrative and jurisdictional red tape that the disabled face would not be there.

While extending the drug benefit aspect of the Ontario senior citizens' privilege card would not eliminate all this red tape, it would take a small step towards greater fairness and equity for the disabled. As part of this fairness and equity, the disabled should also have access to other discounts now available only to seniors.

When the new government appointed, for the first time, a minister responsible for senior citizens' affairs, I was pleased. I am not so pleased that he is not here this morning, given the nature of this debate. However, it was a step in the right direction to appoint a minister responsible for seniors. I would issue a warning to the government that appointing a minister does not mean that thinking has changed very much. Earlier this year the Ministry of Natural Resources increased the cost for seniors to visit our provincial parks. The issue was turned around and the policy changed, but only after some rather fierce lobbying to have that change take place.

It still has not permeated the thinking of the government that times are changing out there; that early retirees and pensioners are going to be

expecting more from the government. After all, they have paid their way for many years. They now expect to be treated with more dignity and respect in their retirement years.

I have resolutions from the disabled groups in northeastern Ontario, for example, calling for exemption for the disabled from the proposed fishing licences. Those are the kinds of issues to which the government is going to have to address itself.

One would hope that the minister responsible for seniors would be the watchdog and ensure that the government does not backslide and does not increase parks fees and suchlike for seniors when it should be moving in the opposite direction.

The minister responsible for seniors is going to have to get the message out to his cabinet colleagues, because they are not thinking in that way yet. I think they regard that ministry as being neither new nor particularly important and it is one with not very much in operating funds. As a matter of fact, I am not sure that ministry has any actual operating funds for its own programs. I believe it delves into other ministry funds for its programs. That is tokenism.

The ministry for senior citizens is simply going to have to become an operating ministry with its own funds that are voted on in proper estimates in this assembly. The situation has to change.

I would rename this card. In the resolution I have it as the senior citizen's privilege card. I think it should simply be called the Ontario privilege card, so that it does not mention pensioners but is a privilege card that is extended to people who are disabled and to earlier retirees as well as to those we traditionally regard as seniors, people over 65.

In conclusion, we should address the question of cost. There are no costing projections available. Moneys would have to be found to pay for the increased coverage of the Ontario drug benefit plan. However, relatively speaking, the totals needed should not be that great.

The access to other privileges and discounts offered by some businesses, schools, cultural institutions, etc., would probably be at no cost to the system in that such discounts would encourage the disabled and all those who are retired to take advantage of services and the like where they are not currently doing so.

I thank the members for their attendance and I look forward to their contribution to the debate.

The Deputy Speaker: Does the member wish to reserve the last three minutes and 45 seconds?

Mr. Laughren: Yes.

Ms. Hart: I am pleased to rise today and speak to this very important resolution. I am confident that all members share the desire to improve services for the disabled and to assist disabled persons in their full and active participation in this province.

Let me begin by congratulating my colleague the member for Nickel Belt (Mr. Laughren) on bringing this resolution forward for our consideration. I share his concerns that our ageing and disabled citizens require special consideration by this House. Their interests have been too long neglected.

Approximately 3.5 million Canadians have disabilities ranging from loss of hearing, sight and mobility, to emotional or developmental handicaps. In Ontario, more than 10 per cent of the population is disabled, and in Metropolitan Toronto more than 33,000 people suffer from a disability.

As legislators, we have a responsibility to do all we can to assist disabled people by removing the social, physical and financial barriers with which they are confronted daily. This resolution with which we are presented today would be an acceptance of our responsibility.

10:20 a.m.

If I may be permitted a personal observation, constituents in my riding of York East have never been able to visit their member in a facility that is accessible to either the many seniors in York East or the physically handicapped. It is because I have been endeavouring to rectify that problem that it has taken me so long to open a constituency office. Unbelievably, the only place I can find that is fully accessible is not available until December 1986. That signifies to me that our whole way of thinking about and planning our communities must undergo drastic revision.

I am pleased to say that this government has addressed many of these issues that affect our disabled community. To illustrate the high priority our government places on the disabled community, the Premier (Mr. Peterson) appointed a Minister without Portfolio responsible for disabled persons (Mr. Ruprecht). We have expanded the assistive devices program to include all prostheses and respiratory devices for people of all ages. As well, the remainder of the program was extended to all persons 22 years of age and under. We have moved to strengthen many community support services which directly affect the disabled, including the integrated homemaker program for adult handicapped persons.

Most recently, we indicated our intention to provide fairer treatment of disabled people in sheltered workshops and other rehabilitation settings. One initiative includes an amendment to Bill 7 which will repeal section 24 of the Employment Standards Act. This will permit handicapped persons to be paid the minimum wage for the first time.

The second initiative will include an amendment to the Occupational Health and Safety Act which will give disabled persons the same legal protection as all workers under the act. In the recent budget, this government allocated an additional \$5 million to expand and enhance housing programs to better meet the needs of our disabled. To assist in integrating the developmentally handicapped into our communities, the Treasurer (Mr. Nixon) has provided \$17 million over the next two years. This is not enough; I merely bring it to the attention of the House as a beginning.

Moreover, as I am sure all members are aware, the period 1983 to 1992 has been declared by the United Nations as the Decade of Disabled Persons. To demonstrate our commitment to the disabled, this government has allocated \$10 million to permit greater participation and involvement of the disabled. I am sure we all wish to ensure that disabled people have the opportunity to actively contribute to the livelihood of our respective communities across this province.

Our government is committed to assisting the disabled in any way it can. The spirit of this resolution is consistent with that of this government's initiatives over the past year. For these reasons, I am pleased to give my support to this resolution. I am in favour of any program that serves to reduce the barriers that often face our disabled community. However, although I support the spirit and principle of the resolution, I have three concerns I wish to offer for consideration.

First, we must consider the definition of disability. Which definition would be used for the purposes of the card? Currently, the guaranteed annual income system for the disabled program is the only consistent identification mechanism. However, for those who would make an application for privileges, this would not necessarily suffice.

Second, I would want to encourage full and constructive participation of our disabled community in the debate to ensure that such a program would be consistent with its goals.

Should we be concerned with privileges or should we be emphasizing access?

Finally, any program would have to be cost-efficient and cost-effective. Would other initiatives be more appropriate to fund? I am sure that we would not want to erode our block of funding and leave other desirable programs wanting. For example, the 1985-86 annual report of the Ontario Advisory Council on the Physically Handicapped outlined a series of priorities affecting the disabled. These include issuing of special licence plates for the disabled, barrier-free-design housing, a further expansion of the assistive devices program and employment opportunities. We may wish to consider these priorities first.

These are just a few concerns that we must consider if we pursue the extension of senior citizens' privilege cards. However, the presence of this resolution will encourage us on all sides of the House to begin dealing with many of these questions and decisions of priority.

Again, let me thank the member for bringing forward this resolution. I am happy to support him in his endeavour.

Mr. Hennessy: I am pleased to have the opportunity to participate in this debate and I support the resolution. I would like to congratulate the member for Nickel Belt for putting this motion on the Orders and Notices paper. It is very worth while. It is something on which we as members of the provincial parliament should focus.

When my party was in government it established the Ontario senior citizens' privilege card. It has been a great success in providing residents of Ontario with special rates on a variety of attractions and services. As the present government is learning, there comes a time when programs must be modified to meet the constantly changing needs of citizens.

The idea of extending the use of the Ontario senior citizens' privilege card to all disabled and retired persons in Ontario is commendable. The provision of this card to these citizens would enable them to get free admission or special rates to attractions, events, transportation, tours and films, and services from travel agents. Ontario abounds in organizations that would be interested in offering such special rates to the needy and deserving in our society.

The government must extend its efforts to ensure that these resources are tapped so that these people can take advantage of them. For the disabled, this card would encourage them further to lead the most full and productive lives

possible. Providing the handicapped with these cards would ease the financial strain they face.

Ontario's disabled persons incur many financial hardships that are due in part to the extraordinarily high rate of unemployment among the disabled, who have the highest unemployment rate among Canadians who are able to work.

Furthermore, a disabled person can incur significant extra costs which result from disability. Clothes wear out more quickly, taxis must be taken more often, and attendant care may be required. There are also the costs of aids and devices which are not covered by existing programs. It is the government's duty to recognize the additional costs associated with handicaps and provide some degree of financial relief.

This card would also provide an incentive for the disabled to get involved in the mainstream of society. Because of the physical and psychological barriers faced by Ontario's disabled, they need a helping hand to move forward into areas of shared interest. By making access to these institutions easier financially, disabled persons would be afforded more of the opportunities enjoyed by other people in Ontario.

For instance, benefits of the card include waived tuition fees at many Ontario universities, colleges and vocational schools, and free or reduced admission to theatres, movie houses, shows, exhibitions, museums and art galleries. The privilege card also offers cheaper rates to many recreational facilities. Recreation has much to offer the disabled person. It can be a vital link in the community. It provides an opportunity for the development of social skills, motor skills, self-expression and creativity. It offers fun, satisfaction, success, decision-making, community involvement and a chance to make new friends.

These are all opportunities from which disabled people have been sheltered or largely excluded. The government must recognize this in response to the fact that disabled persons are constantly adjusting to difficulties that many people face only in crisis. We, as their representatives, have the responsibility to minimize these difficulties. We can do so only by providing them with opportunities to lead more full and satisfying lives.

10:30 a.m.

We also have the responsibility to enhance the quality of life for Ontario's retired persons. The retirement years should be enjoyable ones in which one may reflect on the fruits of many years of labour, but retirees face a variety of changes

when they leave the work force. Unfortunately, this can be a period of crisis for many people who find it difficult to adjust. Those who are just retiring must make major changes in their lifestyles. About 60 per cent of their waking hours now have to be filled. This can cause as much or even more stress than the working world. The key to adjusting properly is to ensure that those retiring have the opportunity to lead active, independent lives. For many seniors, particularly those who are elderly but well, being self-sufficient sometimes requires a helping hand.

The privilege card provides a massive opportunity to the retired that would enable them to gain access to benefits, bonuses and discounts made available in Ontario. This would make it easier for retired persons to nurture interest in the large amount of free time they have. Furthermore, use of these cards saves the bearer money. This is a significant motive for retirees who face the financial pressures of a drop in income.

This card offers benefits, bonuses and discounts that make financial planning less painful when employment income is drying up. For instance, banks, trust companies and other financial institutions can offer special services packages to the retired. Such packages include no-charge chequing, reduced fees for safety deposit boxes, no commission on travellers' cheques, no service charge on the payment of utility bills, free transfers between accounts and bonus interest rates on savings accounts. Most important, however, it is essential to give something to the people who have given so much to us throughout their working lives. Provision of this care to all retired citizens offers a wonderful opportunity to do so.

From browsing through the Ontario-Canada Senior Citizens Attraction Guide, published by the Ministry of Tourism and Recreation, I noticed literally hundreds of attractions available to senior citizens at discount rates. It is a very informative book and it helps senior citizens to spend their leisure time. Air, train and bus lines offer regular discounts with impressive savings for seniors. Hotels, shopping and recreational and cultural facilities also offer substantial bonuses to seniors.

These types of attractions should be extended to all disabled and retired persons in Ontario. Such an extension would promote awareness of contributions to our society made by disabled and retired persons, men or women, and would encourage their community participation. The extension of the privilege card would substanti-

ate the government's strong commitment to these Ontarians.

The resolution moved by the member says "the government should extend the use of the Ontario senior citizens' privilege cards to all retired and disabled persons." I support that 100 per cent.

Mr. D. S. Cooke: I, too, want to congratulate my colleague for introducing this resolution. We all understand the changing demographics of our province, with an ageing population. At some time, all of us are going to be retiring, some sooner than others. One of the problems we have had is a lack of adequate planning, service and income provided for people so that this option truly becomes available to them.

All we need to do is look at some of the changes that are occurring in industry right now to understand how radically things are going to change and have changed over the past 10 years for many of our citizens. I look at the auto industry and see that one company in my community, Chrysler Canada, before the recession had 14,000 employees working there. After the recession, they are producing more cars but there are now only 9,000 working there. The reality is that technological change and changes in our economy have meant fewer job opportunities. Many individuals, through that recession period, took early retirement.

Another example is Champion Spark Plug Co., also in my riding, which demonstrates even more clearly the changes in the economy. Before the recession, they had 450 employees. After the recession, they have 150 employees. It results from two things in this case: changes in technology of how spark plugs are produced and the fact that we have moved away from eight-cylinder to four-cylinder cars with the demand for spark plugs dropping drastically. As well, we now import about 12 million spark plugs from Japan, whereas before the recession we imported virtually none.

Many of these workers have been displaced from the economy and have been forced to take early retirement. Their retirement income is considerably less in most instances than it would have been if they had been able to work until the normal retirement age. That is why moving some of the considerations that senior citizens were given with the traditional description of age 65 to a lower age would simply recognize the new realities of our province and should have been done some time ago.

As I understand it, the original purpose of these cards was to recognize that income upon retirement does drop; therefore, there should be

some things provided at a lower cost for seniors so they can access these programs. That has not happened. The extension has not happened and therefore we have a program that has not changed to reflect the new realities of our province.

I think one specific example that is probably the best is the drug benefit program. We have many examples of a couple who have been married for many years. When the husband retires at age 65 and his spouse is age 60, she does not qualify for the drug benefit program and he does. The result is that even though we know the drug benefit program was brought in to recognize the increased demand for prescription drugs as one becomes older and that retired people cannot afford them, and even though there is only the one income between two spouses, one has the privilege of being able to get those through the Ontario drug benefit program and the other cannot access that program. It seems to me that is just a silly reality that has to be changed.

There are other examples. I gather that if one is on the disability benefits program through the Ministry of Community and Social Services, which is a means-tested program, one can qualify for the Ontario drug benefit program; but if one is on a disability through employment where one worked, or on the Canada pension plan disability, one's income, if one is single, is just high enough that one does not qualify for the drug benefit program.

I have had many cases in my office, as I am sure other members have, of individuals who must buy \$30, \$40, \$50 worth of prescription drugs per month because they are disabled, and therefore they have certain health ramifications from that and prescriptions are one of them; and they cut into their food budget because of that or they end up living in housing that is simply unacceptable.

We have extended housing to disabled people and we have some housing available in the province but the waiting lists are so substantial that in many cases extending housing is meaningless if a person is going to go on a waiting list for three, four, five or six years.

I think the Ontario drug benefit program, if we cannot get it to be a universal program accessible to everyone in the province regardless of age, which is our preference, should be changed to recognize the realities of people on very low incomes and recognize that our retirement age has changed over the last number of years.

I would like to refer briefly to a couple of comments the member for York East (Ms. Hart)

made, one of them being about the assistive devices program.

I recognize that is a very valuable program for many disabled people in our province. However, the reality is that right now it affects only those people up to age 22. It was age 18 when this government took over, and it has changed it to age 22. Now there are some other benefits that are going to be available in July.

I would remind the member for York East that in the last provincial election campaign, her leader the Premier answered a questionnaire from the Ontario March of Dimes and he criticized the Tory government for staging the increases in the assistive devices program. He called for an immediate extension, making it a universal program available to everyone in the province, which is what we support. The Liberal government has now gone totally against what it promised the disabled people in this province and it is staging the extension. That action is very unacceptable and it has been regretted by the disabled organizations in Ontario.

10:40 a.m.

One of the points made by this resolution is that we have to start taking a totally different approach to retirement in this province. We have to understand that retirement is not going to be at any magic age. It may be at the age of 70, 65, 55 or even 50; who knows? It will depend upon the benefits that individual is entitled to, his or her circumstances and the changing economics within our province. There should not be any magic age. Retirement should be available to an individual and pensions should be such that the decision is his or hers to make.

The other important thing we have to look at is pre-retirement planning. We all try to improve pensions and improve the financial aspects of retirement but very little is done to improve the quality of life. The way the quality of life for retired people in this province is going to be improved, in addition to financial considerations, has to be through proper planning. I think pre-retirement planning starts not when one is at the age of 50 or 60; pre-retirement planning starts at the elementary school level.

We should be teaching people how to plan over their lives, what the different stages of life are and what types of things one has to do during one's younger years to plan for retirement so that when retirement comes it is not seen as being the end of something but rather as the beginning of a new stage of life.

I am sure all of us have had many friends and neighbours who have worked 30 or 40 years of

their lives. He or she has a decent pension coming in but when the individual has been retired for a few months, he dies. He has had no opportunity to enjoy that retirement. I am convinced that in many of those cases it is because of the lack of planning, the lack of any real opportunity to feel that he or she is continuing to contribute to our province.

The whole area of retirement planning is very important. We in the Legislature can do some things financially to try to make retirement better but those other aspects have to be considered and planned for as well.

Mr. South: It is with pleasure that I support the resolution of the member for Nickel Belt. I support it, though, with a note of caution, with regard to what has been discussed previously, that we need better definitions of retired persons and disabled persons.

Does a person retire because he is not working? I know of teenagers who do not want to work. I do not think we would want them to fall into this classification and end up cheapening these cards. The acceptance of these cards by the private sector is going to determine the degree of benefit they will be to the holders, especially to the seniors who hold them now.

With regard to the disabled, I am sure we all agree that there are some members of society who are quick to claim a complete inability to perform any physical task and it is mostly because of a lack of motivation. I want to emphasize the necessity of having good definitions of retired persons and disabled persons.

I also think it is very important that there be full discussion with the disabled groups about their acceptance of this proposal and the conditions under which they would like to have it go forward.

As a society, we are much judged on how we look after our seniors and the degree of compassion we have for the disadvantaged members of society. We all profit by any measures we can take, as a government, which will lessen their burden and give them better opportunities to take full advantage and use their competence and resources to the benefit of our society.

It is with pleasure that I support this motion, with those cautions which I have indicated.

Mr. J. M. Johnson: I am delighted to participate in this debate and support the motion that is before the House. I congratulate the member for Nickel Belt for bringing it forward. The proposed extension of the Ontario senior citizens' privilege card opens the door to a wide

range of discounts for the handicapped and senior citizens of this province.

Many men, women and children are deprived of good health or have disabilities that deprive them of using their limbs, voices, eyes, ears and minds in a way that other Ontarians take for granted. These people are entitled to government support that will enable them to participate more fully in our society. By extending the use of Ontario senior citizens' privilege cards to Ontario's disabled, we will be helping them to live a more productive and rewarding life.

Currently, many disabled persons need to be enticed to take advantage of community resources available in Ontario. Because the handicapped are constantly plagued with barriers to equity, participation and integration, it is natural that they want to safeguard themselves by recoiling from the mainstream of society.

The disabled are up against an attitude problem of society as a whole. The image of physical perfection portrayed by the media, society's emphasis on the work ethic as a criterion for usefulness to society and the public's concentration on disability rather than on ability are destructive. To overcome this attitude problem, the disabled must participate more fully in society and barriers have to be removed so that this will be easier.

With increased participation, the general public will become more aware that many disabled persons are self-sufficient and are contributing members of society. Once people realize this, they will focus their attention on ability rather than on disability. Handicapped people do not want to be consigned to the role of observers. All Ontarians have the right to play as full a part in life as they can, and we, as their representatives, must uphold this right.

The extension of the Ontario senior citizens' privilege card is one step towards increasing the integration of disabled persons into society. The provision of this card would go even further to assist the disabled in that it would relieve some of the financial pressures they are facing.

As my colleague has just addressed this specific point, I will not belabour it. However, I emphasize that these people are not in the same position as other Ontarians to acquire funds, but they are in a position where they incur costly expenses relating to their disabilities. The extension of the privilege card would assist the disabled as a cost-cutting mechanism.

It could also help retired Ontarians in the same regard, because their financial resources are also limited. In today's society, the retirement age is

not standardized at 65 any longer. Many people are being encouraged to accept early retirement, and the use of the privilege card should be extended to retired citizens below the age of 65. I can think of many members in this House who could take advantage of this card in a few years' time.

10:50 a.m.

A lower age limit should be set that ties into recent federal and provincial pension initiatives. Not too long ago, the federal government announced plans to extend Canada pension plan benefits to people who are 60 years of age, down from the current starting age of 65. In addition, the Minister of Consumer and Commercial Relations (Mr. Kwinter) proposed changes to the Ontario pension law whereby private companies could allow employees to retire on a pension as early as age 55. I believe the age of retirees who are entitled to a privilege card should be in line with these proposals for early retirement.

Although access to a privilege card would be only a small enticement to retire early, we cannot ignore the benefits of early retirement. Encouraging early retirement could open up some opportunities for the baby-boom generation. These people, the demographic bulge currently in their 20s and 30s, are looking for advancement. Many have not been able to get it because of the entrenchment of older people in higher-level jobs.

Early retirement helps to move younger people into the work force. Young workers bring in new ideas and are tomorrow's brain power. Unless employers get them into the work force and train them, Ontario risks not having the skills it needs. The extension of this card to all retired Ontarians presents them with a multitude of opportunities to take advantage of decreased costs during the period of life when they find themselves with much extra time on their hands.

Retirement replaces the cares and the troubles of the working world with other concerns. It is not unusual to find someone who has just retired sitting in front of the television set all day. It is difficult to adjust to this period of life. By taking advantage of the proposed motion, we can make easier the transition from the working world to the retirement world. We can help retirees with this adjustment by offering them the opportunity to keep busy in worthwhile environments. Extending the use of the privilege card to all retired Ontarians is the least we can do for those who have spent a large part of their lives contributing to the economic growth and prosperity of Ontario.

Another benefit provided by the extended use of this card is that the market the senior citizens' privilege card now covers would be enlarged and Ontario industries would be given the opportunity to cater to this larger market. The advantage to commercial outlets is additional trade brought in by these cards. The government should encourage merchants in all areas to participate in offering bonuses to these groups. There are obvious benefits for all those who are involved. This is the perfect opportunity for government and business to collaborate in assisting needy and deserving citizens of our province.

I urge all members to support this excellent resolution brought forward by my good friend and colleague the member for Nickel Belt.

Mr. Laughren: I would like to thank all honourable members who participated in the debate and supported my resolution. I am impressed by the arguments put forth in support of it. It shows that when one does a resolution oneself, one does not think of all the benefits, and contributions from other members are helpful.

I would like to refer specifically to some of them. The member for York East talked about three concerns she had, and they are appropriate. One is the question of the definition of disability and the need to have input from the disabled community. That is very important and would have to be pursued before the privilege card is put in place.

She suggested a cost-benefit study or analysis to determine cost-effectiveness. I have no problem with that. The benefits speak for themselves, and I do not think the costs are that substantial.

The member for Fort William (Mr. Hennessy) appropriately emphasized the increased participation this card would encourage in the lives of our early retirees and pensioners with the discounts that would become available to them, and the fact that people who retire or are disabled almost invariably have reduced incomes and therefore this kind of benefit is of assistance to them.

My colleague the member for Windsor-Riverside (Mr. D. S. Cooke) brought in a note of the harsh reality of this place when he talked about the assistive devices program and the promise made by the Premier during the recent election campaign. Since then, he has reneged on that promise. I am glad the parliamentary assistant to the Premier is here. He will remind his leader of that promise. It is not an extravagant one and it is something we owe to disabled people in this province.

The member for Frontenac-Addington (Mr. South) also stressed the need for full discussion with the disabled and early retirees, and I agree with that. On the other hand, I must take issue with him in that I have yet to meet a disabled person or early retiree who is in that position because of lack of motivation. I do not know where the member gets that idea.

I appreciate the comments of the member for Wellington-Dufferin-Peel (Mr. J. M. Johnson) as well, in particular his concerns about the attitude of society towards the perfect body—although he did not use that term—to those who are physically fit. I have often used the expression that we have built a society for the young and swift, mentally and physically. That is what the member was saying in different words. I agree with him 100 per cent. That is the kind of society we have built. We have built a society for those who need the assistance least but who get the most. I also agree with him that if we encourage people to retire early, we open up opportunities for those who are considerably younger and are seeking employment.

I am grateful for the input by all members of this assembly and for their support of my resolution.

TRANSFER PAYMENTS

Mr. Mancini moved resolution 43:

That in the opinion of this House, the federal government's decision to reduce, by two percentage points, the annual growth in per capita established programs financing transfers, resulting in a cumulative loss of \$2 billion to Ontario's health care and post-secondary education systems by 1990-91, be condemned as an unfair transfer of the federal deficit to the provinces.

Mr. Laughren: Does the member want to talk about the assistive devices program?

Mr. Mancini: We may be able to do more if the government of Canada changes its mind about withholding this money it is talking about. I think it is particularly appropriate today that we have a matter that discusses funding for our health care system and the lack of commitment we seem to have from the Conservative government of Brian Mulroney.

The critical importance of established programs financing to the maintenance of quality health care and post-secondary education in Ontario is undisputed. Last year, federal transfers contributed 43 per cent of the total cost of health care and post-secondary education in Ontario.

11 a.m.

It should come as no surprise that the federal government's decision to reduce the growth rate of the transfer payment by two percentage points annually is of grave concern. For Ontario it will mean a revenue loss of \$114 million this year, escalating to an annual loss of \$750 million in 1990-91. At stake is the province's ability to maintain our network of hospitals, universities and colleges and to pay our physicians and teachers.

At the same time, we recognize that we are in an era when fiscal responsibility is also important. Ontario supports the federal government's efforts to restrain the growth of its expenditures and to reduce the federal deficit, yet I question whether the programs and services of such fundamental importance to all Canadians are the place to begin.

The federal obligation to the maintenance of the health and post-secondary education systems is now in question. I am also concerned that this federal decision is going to limit Ontario's ability to adapt to the changing needs of our population, such as the ongoing need for continuing adult education to ensure that Ontarians are prepared for technological change and the need for a health care system that can adapt to the requirements of an ageing population.

Failure to recognize the emerging needs now will mean adjusting to these demands later, a process that promises to be far more disruptive and wasteful. One of the major reasons for developing the established programs financing system of block funding transfer payments was to provide the provinces with enhanced flexibility to respond to changing needs, while at the same time preserving a significant role for the government of Canada in such major program areas.

A brief review of the history and circumstances surrounding the introduction of established programs financing and subsequent alterations to the program may be useful at this point in the debate.

The history of the EPF: Prior to 1977, when EPF was brought in, there were three major shared-cost programs: hospital insurance, medicare and post-secondary education financing. These were 50-50 cost-sharing arrangements, with the federal government reimbursing half of the eligible provincial health expenditures and half of the institutional spending on post-secondary education on a dollar-for-dollar basis.

The federal government was unhappy with these programs because it had no control over its contributions. They were determined entirely by

growth rates in provincial programs. The provinces were unhappy because there was too little flexibility in the sharing arrangement. Some felt they were being levered into spending in high-cost areas where cost sharing was available, when they could have been spending in lower-cost areas, many of which were not shareable by the government of Canada.

Compounding these problems was the fact that both levels of government were frustrated with the red tape involved in cost sharing. I understand that at one point the final settlement of a post-secondary education spending claim was as much as 10 years late.

To address these problems, the established programs financing system of transfer payments was introduced in 1977. The basic compromise of the arrangement was that the provinces accepted the risk of having transfer payments grow by the rates of gross national product, expected to be less than the cost of escalation of the health and post-secondary education programs, in exchange for federal funding being provided on a completely unconditional basis. This provided both levels of government with greater flexibility and predictability in planning their expenditures.

Five principles were put forward at a first ministers' meeting in 1976 and formed the basis of the federal-provincial approach to established programs financing.

1. There should be provision for continuing federal participation in the development of policies of national significance in health and post-secondary education.

2. The federal government should continue to pay a substantial share of the program costs.

3. The federal payments should be calculated independently of provincial program expenditures.

4. There should be greater equality in per capita terms in federal contributions to the provinces.

5. The arrangements for the mature programs should be placed on a more permanent footing.

As early as 1979 and 1980, Ottawa began suggesting the provinces were underfunding health care and diverting federal transfers intended for that purpose. In 1984, the government of Canada imposed the arbitrary six-and-five caps on the component of the EPF transfer earmarked for post-secondary education, formally breaking the principle of unconditional block funding. Most recently, of course, there is the federal legislation Bill C-96, to limit the growth of the EPF transfer.

The cumulative effect for Ontario alone will be a loss of \$2 billion in the next five years. This province will have to find \$2 billion in the next five years to make up for the money that will be deliberately withheld by the government of Canada.

We as Canadians generally support the federal government in its efforts to reduce its sizeable deficit, but Canadians also believe, as the Treasurer (Mr. Nixon) stated in his budget, "It is false economy to try to balance budgets by ignoring society's real needs." We know society's real needs are changing.

It is projected that the part of the population aged 65 and over will grow by 18 per cent by 1990, significantly faster than the five per cent growth rate of the general population during the same time. According to both the Canadian Medical Association and the Conference Board of Canada, the ageing trend will add at least one per cent per year in real growth in health care costs. New technology is estimated to add a further three per cent per year to the health care budgets.

Despite the diminishing growth rate of our younger population, we continue to see post-secondary enrolment remain constant. We are also witnessing a growing number of adults returning to colleges and universities to ensure they remain up to date in their chosen fields.

It is also far from clear that transfers to the provinces are the real cause of the federal government's deficit problems. From 1977 to 1984, total federal spending grew at an annual rate of 12 per cent. In contrast, transfers to the provinces grew at an annual rate of 10.5 per cent.

I recognize that the federal government has adopted an approach that packages issues into manageable components to make them easier to resolve. This is evident in Ottawa's deficit reduction strategy: higher taxes for the ordinary citizens and the elimination of transfer payments to the provinces.

I believe, as do many other members of this Legislature, that the reduction of transfer payments to the provinces will have no real direct impact on the federal government's deficit unless it evaluates its other spending priorities. More important, I am concerned that in dealing with the short-term, pressing issues of the day, such as deficit reduction, we are losing sight of the broader issues facing Canada.

11:10 a.m.

If the federal government were driven entirely by short-term objectives, it would be unlikely to be sensitive to the basic traditions shared by all

Canadians. The federal EPF reductions jeopardize such fundamental principles as accessibility and a uniform, high-quality standard across our entire nation. It is these principles that distinguish our country from many others.

However, this does not mean the federal and provincial governments should not work together towards solutions that will restore some measure of fiscal balance to our national books. To do this, we will require more than piecemeal decisions taken unilaterally by one level of government against the provinces. It may require that fundamental decisions about the assignment of responsibilities between levels of government be addressed. It may require that the distribution of taxing powers between the federal and provincial governments be reassessed.

The members will agree that such issues cannot be addressed adequately in a confrontational, ad hoc manner. They require meaningful consultation between our respective levels of government, something the Conservative Prime Minister of Canada promised after he was sworn into office.

Governments must also address the emerging problems of the 1980s and 1990s. Issues such as child care and worker retraining promise to take on even more importance in the coming years. They must be addressed in a comprehensive and meaningful manner, ensuring that full consultation amongst all relevant governments and parties is achieved.

The federal government's decision to limit the growth of the EPF transfers to the provinces is not the approach necessary to resolve this nation's problems. Shifting the problem from one level of government to another is quite meaningless, for those who suffer are the same people.

I am confident this government is not shying away from the problems facing us. Ontario has indicated its desire to discuss in a meaningful manner the problems arising from the difficult fiscal circumstances in which we find ourselves as a nation.

I urge all members to support this government in continuing to oppose any measures that are unfair and may limit our ability to maintain such essential services as quality health care and post-secondary education. Such initiatives serve neither level of government and are contrary to the fundamental premises on which this government has been founded.

I thank the members for their attention. I would like to withhold the remaining time so I can comment after the members have spoken.

Mr. McFadden: If someone had entered Ontario from an atoll in the Pacific, isolated from civilization and without any news media, he might take this resolution seriously.

The issues and concerns that have been raised this morning relate directly to the financial mess in which the federal Liberal Party left Canada when it went out of power in 1984. It is absolutely remarkable that a Liberal member would introduce this resolution with a straight face in view of what was left with regard to the financial operation of this country when the change of government took place in Ottawa in September 1984.

I would like to outline the legacy that was left to this country during the period from 1975 to 1984.

In 1975, the Canadian government showed a manageable annual deficit of \$3.8 billion. By 1984-85, that deficit had jumped to \$37 billion, more than a 10-fold increase. The accumulated federal public debt stood at \$100 billion in 1982, and that number has approximately doubled since then. Indeed, the total national public debt today represents in excess of 30 per cent of the gross national product.

When Mr. Turner left office, the interest payments on the federal debt totalled some \$20 billion per year. Today, as a consequence of the debts that had accumulated during the Liberal years at a steady rate of increase year after year, one third of all federal expenditures goes to debt service. It has been only in the past year that some effort has been made to reduce the debt that is being incurred annually. The federal deficit today is slowly but gradually on its way down. Nevertheless, about one third of the total amount of federal expenditure is now committed to the service of debt charges.

This is the genesis of the current difficulties concerning all funding in the federal government.

The honourable member's resolution leaves the impression, unless one reads it carefully, that somehow the federal government is cutting established programs financing grants. Of course, this is not true, and a careful reading will indicate it is not true. EPF funding is increasing, and the increase from the fiscal year 1985-86 to 1986-87 came to about \$20 million per annum in the area of post-secondary education funding. Indeed, the federal government is not reducing the base level of post-secondary education EPF transfers. What we are seeing here is to some extent a reduction in the rate of growth.

According to the figures we have been able to secure, EPF cash and tax transfers for post-secondary education from the federal government will increase in the next year by 6.5 per cent. That is about 2.5 per cent in excess of the rate of inflation. I would point out that this amount is in excess of the increase that the provincial government is providing to the universities for operating grants. In the last budget, provision was made for an increase in operating grants to the universities of only some four per cent. Juxtapose that with the 6.5 per cent in transfers from the federal government.

I know some additional funds have been allocated for certain special funds, but anybody who talks to the universities and to the students about the current policy in regard to operating grants for the universities will recognize it would be far better for the provincial government and for the long-term strength of the university system to increase operating grants by 6.5 per cent, in line with the increases in EPF funding, rather than by four per cent, as the province is currently doing.

This resolution seems to try to use a relatively flimsy excuse to transfer blame to the federal government for the failure of the provincial government to provide the additional funding the universities need. We have had two budgets in this House since the current government came to power one year ago. What we have found is minimal increases in operating grants for the universities.

11:20 a.m.

During that period as well, we have seen no response at all from the provincial government with regard to the Bovey commission report. The Bovey commission was appointed while the member for York Mills (Miss Stephenson) was Minister of Colleges and Universities, to look at the whole area of the funding of our province's universities and colleges, because she recognized that we had to look at the whole funding of post-secondary education.

The Bovey commission set out a number of first-class recommendations with regard to how future financing of universities could be dealt with. Not every recommendation of the Bovey commission may be acceptable, but it sets out an interesting, informed and useful blueprint in terms of the future of university funding. What has been the response? The Minister of Colleges and Universities (Mr. Sorbara) has not even talked about Bovey. We have no response whatsoever from the ministry. We have no response at all from this government with respect

to long-term financing requirements of universities.

After months of study by Bovey into the problems of universities, and after the work the commission did to submit its report with its excellent recommendations, it is a shame we are sitting here today with no response from the government and effectively no action on the recommendations except in a most piecemeal fashion. Instead of the presentation of this resolution, it would be far more valuable to have a resolution presented to this Legislature urging the government to get on with the Bovey report and to get on with enacting the types of financial arrangements that are recommended which would give the universities the flexibility and additional funding they really need.

While this resolution sets out some concerns that we all have about a reduction in federal transfer payments to the provinces, it fails to recognize the serious problems the federal government was left with when it came to power in 1984. It also fails to reflect the failure of the government to act in a meaningful way in terms of the additional funding that Ontario universities require.

I do not think there is a member of this House who would not want to see unlimited federal funding to deal with the health care issues we have spent weeks debating in this House, as well as post-secondary education, but I do not feel this resolution adds anything to the debate. It has been a red herring in the past, and it appears to me to be an attempt by the Liberal Party to get out of the commitments it made in the last election to enhance funding for post-secondary education.

Mr. Grande: I rise to speak to the resolution of the member for Essex South (Mr. Mancini) and to say that anyone in this Legislature cannot help but support this motion. However, anyone can support this motion on the surface. When the federal Liberal Party started the reductions and cutbacks in the established programs financing, we on this side of the House condemned it for doing that. Now that the federal Tories are continuing down the same path the Liberals started for them, we in the New Democratic Party condemn the federal Tories. This party has always protected the interests of the people of Ontario. We have done so from the very beginning when cutbacks occurred.

I do not want to get into and leave the debate at bashing the federal government. I hear from the member for Essex South that he is more interested in bashing the federal Conservatives. Then I hear from the member for Eglinton (Mr.

McFadden) his kind of protectionist urge to protect the federal Conservatives. He brought his information and his statistics to the fore to show that the reduction is required as a result of the federal deficit prior to the Conservatives taking power.

Whether it is the Liberals or the Conservatives in Ottawa who are perpetrating the underfunding, the problem remains in our universities. Prior to this new administration taking power in Ontario in 1985, we had a decade of underfunding in our post-secondary institutions. At the same time, prior to 1977, as the member for Essex South has said, there was a 50-50 split for post-secondary education and health purposes. In 1977, the negotiations changed and a new deal or a new compromise was established—by the way, it was at the urging of the provinces, as I recall—and we got into the block funding.

In essence, for 10 years, the block funding allowed the provincial Tories not to pass on the money that came from the federal government to the university sector. They continuously underfunded it to the point that in 1981, we had a report by the committee on the future role of universities in Ontario. At that time, the member for York Mills, who was then the Minister of Colleges and Universities, said, "We will not be able to implement this report on the future role of universities in Ontario simply because the federal government is cutting back on its funding."

In effect, they did what the report said they should not do. They muddled through between 1981 and 1984, and once again the post-secondary institutions were underfunded. As a matter of fact, the provincial share of the operating costs of post-secondary institutions up to 1985 decreased to the tune of 15 per cent. In other words, the province held back federal money intended for post-secondary education and used it for other purposes.

The present Minister of Labour (Mr. Wrye) condemned this in the estimates in 1981. I want to quote a brief line. He said:

"To put it in another way, the management of the Ontario post-secondary system in terms of financial arrangement has been a three-legged affair. Students who have had in the past a small leg of some 15 per cent of the cost of the system have upheld their part of the bargain. The federal government, with a much larger leg, 40 per cent in 1977, finds itself with a much greater responsibility today.

"What is the conclusion we can draw? The natural conclusion, it seems to me, ought to be that what is needed to restore the system to its

proper balance, to help return it to its former pre-eminence, is for Ontario to uphold its share in the bargain and put its share of the money back into the system, the money that it has taken out over the last five years."

11:30 a.m.

That has been the story. The Conservatives in Ontario have said of the established programs financing, "The federal Liberals have cut that program, have cut the money, and therefore we will not be able to support the secondary institutions the way we would have liked to support them." At the same time, they cut back to the point that the system was and is breaking up at the seams.

The Minister of Colleges and Universities (Mr. Sorbara) is not doing any better. The present minister is underfunding the college and the university systems and continuing to underfund, just as the Tories did in 1982, in 1983, and in 1984. During last year's election, there was a promise for much more for the college and university systems. As a matter of fact, an editorial in the *Toronto Star* puts it this way, "Operating funding has been increased by four per cent a year and that is less than generous, particularly for a government that has promised more."

Then the Minister of Colleges and Universities talks about an excellence fund and talks about putting some money into that and saying to the universities, "Here is a pool of money; go ahead and hire new blood into the universities." The universities are asking, "What are we going to do next year and the year after, once we have hired these people?"

The challenge is before the member and his government. They could continue along the same route as the Tories in the past 10 years and underfund the system to the point where it is at the brink of a tremendous crisis, or they could go back to the report of the Commission on the Future Development of the Universities in Ontario and address the major recommendations of that report which is now six years old. The Tories never touched it. They should address that problem, because the problem in our post-secondary system is one of underfunding. As a result of that underfunding, we are going to have limited accessibility in our post-secondary system for students in our province. We are going to continue with the larger classes and we are going to continue with physical plant at the university literally crumbling.

Up to two or three years ago, the University of Toronto had 28 work orders in order to make that

plant safe for the students. It is a shame to this province when that occurs. While I am more than happy and prepared to rise in this Legislature and condemn the federal Tories for their cutbacks to the established programs financing, at the same time I say to the government that it should pick up the challenge where the Tories were unwilling and provide the necessary funding to our post-secondary institutions, because, if we do not, the future economic recovery of this province in terms of producing expertise will not come about.

The Tories have left their trail of underfunding in the last 10 years and I would not want to see the Liberal government leaving exactly the same trail.

Mr. Reyecraft: I am pleased to have the opportunity to speak this morning in support of my colleague the member for Essex South (Mr. Mancini) and his resolution expressing concern about changes in the established programs financing arrangements for this province. The cloth that binds this country together is one that has a very complex weave. The established programs financing arrangements are an essential element within the weave of that cloth. They assure Canadians that no matter where they live, no matter what province or territory they are in, they will have accessible, quality health care and post-secondary education guaranteed to them.

For a provincial government or the federal government to accept anything less is an abrogation of our responsibilities. It is true, as the member for Eglinton (Mr. McFadden) has pointed out, that we are at a difficult point in our fiscal and economic responsibilities in this country. In carrying out our responsibilities, we are all faced with the need to limit the growth of spending and to do our best to bring deficits under control. That responsibility is shared, whether our area of responsibility is at the provincial level, the federal level or the municipal level.

However, we also have to respond to the serious economic problems that are being experienced in some sectors and regions of our country, including parts of Ontario. The economic resurgence we are enjoying here in southern Ontario is not being shared by all parts of Canada or even by all parts of Ontario. In dealing with the pressing matters of the day, we must make sure we do not lose sight of the bigger picture. We must not consider our decisions out of context with the total issues.

The issues we face involve some basic questions that relate to what level of government

should collect what revenues and what level of government is responsible for spending in particular program areas. With the decisions that are made in such forums as the finance ministers' and treasurers' meetings or a first ministers' conference, and the decisions made by the federal government on its own, the economic and fiscal framework of this country is being remade. I suggest it is not being done in a co-ordinated manner. Indeed, it is being done in an ad hoc, piecemeal fashion. Members of this Legislature should be concerned that the results of those reconsiderations are going to be disjointed, irrational and unfair, as I suggest they are in the case of the established programs financing reductions.

It also strikes me that the federal government's priorities are beginning to take on a surprising shape. On the one hand, you have that old government that is reducing its commitment for core health care and post-secondary education. On the other hand, and I refer to yesterday's Toronto Star, we have a Prime Minister who spends more than \$800,000 on three short trips outside this country, and I read about a hotel suite that costs \$1,200 a night, in which he stayed for four nights. I read of \$13,000 being spent in three days for the rental of motor vehicles, and I suggest that we need to be concerned about the priorities these facts suggest.

How can the federal government justify spending more than \$520,000 for one week in Paris, while at the same time trimming back Canadian social benefits in the name of saving money? The federal government should review these financial priorities and it should do so quickly. The kinds of priorities that these facts illustrate are not acceptable to the people of this country. Mr. Mulroney is going to find that out when they next get an opportunity to express their opinion of those priorities to him, whether that comes in 1988 or 1989.

From the provincial perspective, the federal legislation to reduce the growth rate of the established programs financing transfer is indicative of our most immediate worry, that the federal government is shifting its deficit to the provinces. At the same time, revenue flexibility is being limited as the federal government intrudes into traditional provincial revenue fields such as the business transfer tax, which we hear people speaking of and which we expect to occur.

11:40 a.m.

If the economic agenda is driven entirely by narrow objectives such as deficit reduction, then

it is unlikely it will remain sensitive to the basic traditions and aspirations all Canadians have come to share. It is our concern that the federal approach to cutbacks and the transfers of core health and post-secondary education is going to impact on us most negatively. Both of these are effectively in the provincial jurisdiction, but they are of such basic national significance that the federal government has used its taxing power to help finance these programs for some time.

In this manner, it was possible to ensure the accessibility and uniformly high standard of quality across our nation. It has allowed Canadians in parts of the country where economic prosperity is not being experienced to share in the benefits of that prosperity. The Canadian approach to providing health care and to ensuring access to post-secondary education is one of the factors that sets us apart from our neighbours to the south. It is also, in my view, an integral bond of our federation.

Our government is more than aware of the problems caused by budget reductions in health and post-secondary education. The situation of inadequate hospital facilities and starving universities is not one that has developed in just the last 12 months, as some have tried to suggest. As the member for Oakwood (Mr. Grande) pointed out, it developed over a longer period.

Just as we are trying to rectify the underfunding that health and post-secondary education have experienced, the federal government has announced its plans to remove some \$2 billion over a very short period from the established programs financing.

Ontario should continue to stand by the principle of equality of opportunity for all Canadians. The federal legislation to reduce the growth rates of the EPF transfer contravenes this principle and in this light it is unfair.

Miss Stephenson: I rise to participate in this debate of a resolution relatively briefly and from the perspective of historical reference, if I might call it that. The member for Middlesex (Mr. Reycraft) has just suggested that the reduction over time of \$2 billion from EPF was in fact initiated by the current federal government. I remind the honourable member that this process was initiated in 1981 by the budget of one Allan MacEachen when he was the Treasurer of the federal Liberal government and the reduction of \$2 billion was announced at that time.

I would suggest to the honourable members that we were in not nearly as buoyant economic circumstances in the province in 1982 as we were this year, when the members opposite were

handed an economy that was growing rather dramatically, significantly better than in any other part of the country, as a result of good budgetary practices.

As a matter of fact, in April 1982 there was a debate in this House on EPF transfers. I will refresh the memory of the member for Essex South (Mr. Mancini), because he was here at that time. None of the rest of the members was, but he was and he should remember. I will quote from page 1089 of Hansard for April 22, 1982, the statement of Albert Roy, the former part-time member for Ottawa East, who for 12 years spent two days a week in this Legislature as a member of the Liberal caucus.

Mr. Foulds: Sort of like the member for Cochrane South (Mr. Pope).

Miss Stephenson: Do not talk to me about the member for Cochrane South or anybody else; the example was set by Albert Roy. This is what he had to say:

"We have had a succession of Treasurers," in Ontario, "who kept saying to the feds: 'Cut your deficit. Do like us. Cut your deficit down. Cut your spending.' At the moment the federal government is doing exactly that on transfer payments and now the Tories are bitching. Now they are saying it is not fair. They are saying: 'Do not cut your deficit on our back. We can cut it on the backs of the municipalities. Do not do that to us.' What irony, what hypocrisy on the part of the people on the other side of the House."

It sounds exactly like the member for Essex South.

I would also quote a further statement made by Albert Roy. He said: "In closing, I am not here to defend the federal programs"—

Mr. Mancini: On a point of order, Mr. Speaker: I do not understand who the member for York Mills is quoting. She is throwing out names of members who are in the House today and of members no longer serving in this House. I would like to know exactly who she is quoting.

Mr. Speaker: I believe Hansard will show who the member is quoting.

Miss Stephenson: I did make it extremely clear that the speaker I am quoting at this point is Monsieur Albert Roy, a long-time member—

Mr. Mancini: The member did not say that.

Miss Stephenson: I said it three times. Is the member deaf? Pardon me. I am sorry. I should have said it much more precisely than I did.

I would like to quote another paragraph from his long and somewhat rambling participation in the debate of April 22, 1982. Mr. Roy said:

"In closing, I am not here to defend the federal programs. All I am here to say is, before they start throwing rocks they should get out of their own glass houses. The government should not start blaming the federal government for cutting back on the payments when it is not a cutback on the payments but a cutback on the increase."

It was a cutback on the increase and not a cutback on the overall funding, and that is exactly what is going on today.

Unhappily, the federal government in Ottawa, as my colleague the member for Eglinton pointed out to the House, inherited a very difficult financial situation; a financial situation which ensures that 33 cents out of every dollar collected by the federal government goes to fund the debt for which the government of the Trudeau era was entirely responsible.

Having to do that, there is some need to be rational about the way in which expenditures will grow. In spite of an agreement by the 10 provincial finance ministers in 1983 that they would not accept Allan MacEachen's budgetary activity related to established programs financing, the federal government went right ahead and did it anyway. There was unanimous agreement by all the finance ministers of all the provinces that this should not be done, and yet the federal Liberals went ahead and did it. They did not care. It is just like the provincial government in Bill 94. It does not care. It is just going to go ahead and ruin everything.

At any rate, in addition, the colleague who sits next to the member for Essex South, the member for Haldimand-Norfolk (Mr. G. I. Miller) had this to say on that evening:

"The government has to take a fair look at overall financing and realize the position we have been forced into. No longer can we," as a province, "take 12.5, 15 and 25 per cent increases; we have to be realistic. We also have to co-operate. I am a strong federalist myself. I think we need a strong federal government and a strong provincial government. But we have to be realistic and, when the federal government says we have to accept the cut, we have to be responsible" and accept it.

The tune has changed since 1982. Simply because there is a government of another stripe in Ottawa and a government of a different stripe in Ontario, there is some increased tension surrounding this subject about which the Liberals were blithely supportive of the federal government in 1982.

The situation has changed since 1982, as I have said. The provincial government here

enjoys the fruits of a very good economy. It has had a windfall this year unheard of in the 11 years that I have been in this Legislature. I should have thought it would have been able to do much better than to raise the operating grant to the universities by a mere four per cent. That is barely, just barely, skinnily, above the rate of inflation, if it is at all.

I remind the House that for the years 1982, 1983 and 1984, the universities' budgetary allocation for operating grants was significantly above the rate of inflation by at least half a per cent, and on some occasions by one and a half per cent, even in those very difficult years when we were already being cut off at the knees by Allan MacEachen's budget.

The rate of inflation increase in Ottawa during those years was fairly significant, and the transfers which came to Ontario increased at barely the rate of inflation during those years. We managed to keep the allocation to the universities above the rate of inflation.

However, what is happening this year? The federal transfer is increasing at twice the rate of inflation and all the government has managed to do is to increase it at the rate of inflation.

11:50 a.m.

Interjection.

Miss Stephenson: What is the member talking about? He should not be such a hypocrite. Pardon me. He should not let his words sound so hypocritical, because they are, in fact when compared with those uttered by the members of his caucus.

I would like to give one final quotation. I will do it rapidly. This is significant. I quote from a member of the Liberal caucus. "I do feel that this whole approach towards blaming the federal government for all of our provincial difficulties, our economic inadequacies, is a serious attempt to mislead the electorate into removing the pressures from the government of Ontario for the problems it is going to be facing in the next few weeks when it is forced to bring down a budget."

Mr. Breaugh: Who would say a thing like that?

Miss Stephenson: The member for Brant-Oxford-Norfolk (Mr. Nixon), who is now Treasurer of Ontario. The shoes may have changed, the mindset obviously has changed with the shoes, but reality remains exactly the same. To bring this resolution in is indeed specious, spurious and absolutely inconsequential.

Mr. Breaugh: That was a little wishy-washy, but it is okay.

Miss Stephenson: Sorry.

Mr. Foulds: In the two minutes and 30 seconds left to me I feel it is my job to introduce, as the New Democratic Party always does, the voice of reason and facts to this debate. I want to start in the most calm, rational way by saying to both the Liberal and the Conservative parties, a pox on both your houses.

By the way, we are supporting this wishy-washy, policitally motivated resolution because it does have a kernel of truth in it and because the speakers from the Conservative Party have been so wishy-washy in defending their position. I want to point out the facts very briefly.

In 1976-77, the last time before the system of EPF grants was established, there was a 50-50 split. Under the Liberals in 1977-78, the federal government picked up 48.7 per cent. Under the Liberals in 1978-79, it picked up 49.6 per cent. In 1979-80—and remember that was when the Liberal government was defeated by the Conservatives and there was a Conservative federal government for nine months—it was 49.9 per cent. It was almost back up to 50 per cent.

With the Liberals in 1980-81, it was 48.9 per cent, but in 1981-82 it dropped dramatically to 46.7 per cent. With the Liberals in 1982-83, it dropped even more dramatically to 42.6 per cent, and in 1983-84 again it was 42.6 per cent. So the Liberals have nothing to be proud of.

During that whole time, where were the voices of the Premier and the member for Essex South? They were silent on condemning the federal Liberal government.

The federal Tories have been trying that even more draconianly. Where is the voice of the Premier? It is through the squeaky voice of his parliamentary assistant. Similarly, the Premier gets headlines on free trade but he has never said "No" to Mr. Mulroney on free trade. The Liberals and Conservatives are as weak on this issue as they are on the issue of free trade.

Mr. Mancini: I may be accused of many things but this is the first time I have ever been accused of having a squeaky voice.

The member for Port Arthur (Mr. Foulds) was very original, as always. Who has ever heard the saying, "A pox on both your houses," before today? I do not think we have ever heard that before today.

I want to make comments to the members who had an opportunity to make some relevant comments on the matter of the established programs financing, such as the member for

Oakwood (Mr. Grande), the member for York Mills (Miss Stephenson) and the member for Eglinton (Mr. McFadden).

First, to the member for Oakwood, while he condemned the excellence fund, he did not even know how much money is in it. He was unaware that it was \$50 million last year. He was unaware that it is \$80 million this year. In fact, he thought it was for only one year. There is \$130 million in the excellence fund over a period of two years, of which he was unaware and upon which he completely failed to comment.

Furthermore, it appeared he was unaware of the improvements we had made in the Ontario student assistance program of upwards of eight per cent.

I want to turn my attention to the member for Eglinton. He was very original also. He took the time to blame all of Canada's problem on a government that has now been out of office for nearly three years. He did make a point about the Bovey commission, although while he was talking about it, he forgot to mention the tremendous increase in tuition fees it suggested. He also forgot to mention that places for potential students in our university system were going to be drastically reduced by the Bovey commission. I want the member to think about that for a while as he takes this opportunity to talk about the Bovey commission.

The member for York Mills was entertaining, as always. She still harks back to the days of Allan MacEachen, when it was still fashionable for Conservative governments to win majorities in Ontario on the backs of federal Liberals. It is unfortunate that those days are gone. I think what bothers her most is that under the new regime in Ottawa, under Conservative leader Brian Mulroney, we have been able to compare the leadership of this government to the governments that preceded him. The Canadian people, through the opinions they have expressed in the Gallup polls, have shown the member for York Mills just what they think of the government that is now starting its third year in office.

She attacked a member who is no longer a member of this House and is unable to stand and defend himself. All of us who served with Mr. Roy know that if he were here, he would have been very able to defend himself, even against the very impressive member for York Mills.

She forgot to mention a very important point. The criticism that came from Ottawa against the Tory government at that time was that it was not using the money that was being transferred to it for health care and education for those respective

purposes; it was using the money for other purposes.

We know that Ontario is going to have a difficult problem maintaining the quality of our health care system and our post-secondary education system if the Conservatives in Ottawa continue to proceed with the cutbacks they have announced. It may not seem like a lot to the member for York Mills or to the member for Eglinton, but I say to the Tories across the floor, this year we will be losing \$114 million, next year \$250 million, the year after \$390 million, the year after that \$560 million, and in 1991 we will be losing \$740 million, for a grand total of \$2 billion which will be removed from the Ontario Treasury by their Conservative friends in Ottawa.

They have shown their colours by the support they have given them here today. They have shown they are more interested in saving the pants of Brian Mulroney than in providing better health care for the citizens of Ontario and by providing better post-secondary education for the

students and adults who need to use these systems.

I did not expect anything different from the Conservative Party.

ONTARIO SENIOR CITIZENS' PRIVILEGE CARD

Mr. Speaker: Mr. Laughren has moved resolution 25.

Motion agreed to.

TRANSFER PAYMENTS

Mr. Speaker: Mr. Mancini has moved resolution 43.

All those in favour will please say "aye."

All those opposed will please say "nay."

In my opinion the ayes have it.

Motion agreed to.

Mr. Speaker: I remind the members of the wish of the House as of yesterday that we resume sitting at 1 p.m.

The House recessed at 12:02 p.m.

AFTERNOON SITTING

The House resumed at 1 p.m.

Mr. Grossman: We have all tried to co-operate in making unusual arrangements for today. I see only three ministers present. Oh, here is the Premier (Mr. Peterson).

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: My question is of the Premier. Given the events of the past two days, can he tell us whether he still believes that all that is happening out there is an inconvenience for the patients of Ontario?

Hon. Mr. Peterson: I do know that the ministry has emergency plans in place. There is no question that there is inconvenience. There have been specific cases reported, as the member knows, from a variety of sources, from members of the House, the media and others. I can assure the member that each one of those is being followed up in substantial detail. I know the minister is on top of the individual circumstances of the vast majority of them.

I caution my honourable friend not to create the impression that there is an emergency or a situation that is in any way out of control. That is not the situation at all. There are physicians in the hospitals, people are being attended to and physicians are fulfilling their professional responsibilities. As the member says, however, it is very inconvenient to a number of people.

Mr. Grossman: I want to go further. I believe that to each individual, to the parents with a child who needs urgent attention, at least in the parents' view, and to the patients themselves who have anything from heart to cancer difficulties, it is more than an inconvenience. They see it as a frightening circumstance. As an average citizen of Ontario, I am worried, scared and, on occasion, maybe even frightened about what is happening.

Interjections.

Mr. Speaker: Order.

Mr. Grossman: My question to the Premier at this 11th hour is this: Does he not agree that, setting all other considerations aside, now is the time, with no loss of reputation or face, to buy some time and send everyone back to work tomorrow morning by asking for a mediator?

Hon. Mr. Peterson: We have had this discussion in the House on a number of

occasions. I am very much aware of the member's point of view on the matter. I presume he thinks we should withdraw the bill and mediate, negotiate or do something else.

This has been going on for almost a year now. The bottom line of the many discussions and meetings, formal and informal, is that there is a difference of opinion. The Ontario Medical Association does not want to end extra billing, and I believe it is the will of this Legislature and of the people of this province that they do want to end extra billing.

These strong clashes of opinions bring me no joy as Premier, but on the other hand, I do not think we can walk away from these problems or postpone them for ever. There is a judgement call when one does the various things that have been done. In my view, the minister has handled this situation with exemplary judgement and fairness.

It is a difficult situation, and I acknowledge that, but I do not think one can always buy peace. I do not think one can walk away from every single problem one has in life or in politics. That is why we are moving on this bill. We think we are obeying the law of the land, the Canada Health Act. We are conforming, as a lot of other provinces are.

It is too bad this confrontation had to come about. Our very strong preference was to have negotiated this. We have used our very best efforts to negotiate a solution. We were not able to do that, and that is why we are proceeding as we are today.

I ask again for the co-operation of the honourable member and his party to pass this bill. We all know what is going to happen with this bill. It is going to pass through this Legislature. I ask the member and his colleagues for their co-operation in passing this bill so we can get all get on together and pick up the pieces and address—

Interjections.

Mr. Speaker: Order. Final supplementary.

Mr. Grossman: I believe the Premier has misjudged and underestimated the anger and resentment out across the medical profession on every single turn over the past several months. He has to acknowledge at least that he is as worried as I and others are that there may be very many doctors out there who are going to take

action, not at the direction of the OMA but out of anger over what has happened.

Given that circumstance and given the indication by the OMA yesterday that passage of the bill will not deter its members from their activities, does the Premier not agree that the kind of co-operation he should be seeking now is the kind of co-operation that a mediator can bring to the circumstance?

In asking that question, I indicate to the Premier that if he wants to propose any solution whatsoever in terms of the speed of passage of this bill or anything else, any solution that involves the appointment of a mediator, the Progressive Conservative Party of Ontario will give him the co-operation he requested.

Hon. Mr. Peterson: Our judgement at this point is that we cannot mediate the basic principle. Walking away from that and withdrawing is just running away from the inevitable in this situation. It is a good theory, but in the circumstances, in my view, it will not work.

As the member points out in his question, I recognize the anger of a number of members of the profession, but I believe they are mature professionals. As much as they dislike the vast majority of what we are doing, we will be able to sit down, I hope not too long from now, and sort out and work out together some of the problems that face not only the professionals but also all the people of this province in the health care delivery system.

My sense is that the vast majority will fulfil their professional responsibilities in that regard. We are prepared to sit down with them and address their concerns about freedom and some of the things that have been raised over the long term.

Mr. Grossman: My second question is for the Premier as well. Given what he has just said, and because of the harsh words that he, the Attorney General (Mr. Scott) and the Minister of Health (Mr. Elston) have used over a period of months, it will be difficult for a mediator—I acknowledge that—but I want to appeal to the Premier at this 11th hour.

If a mediator has one chance in 10, or one chance in 100, before inconvenience, to use the Premier's word, turns to tragedy, it is worth the one chance in 10 or 100 to bring in a mediator to try to get the doctors back to work. Why will he not take that small chance that mediation will work and get everyone back to work tomorrow?

Hon. Mr. Peterson: I disagree with my honourable friend on two points.

First, I do not believe the Attorney General, the Minister of Health and I have used so-called harsh words in this discussion. The member has seen a minister carry an extremely difficult situation with great temperance and great judgement as harsh voices were flying all about in this debate. There were very strong reactions on both sides in this House, and I do not need to quote back the things that have been said in this House previously. The minister, who is charged with the responsibility of carrying a very difficult load, has shown exemplary leadership, great self-discipline and patience in the circumstances.

1:10 p.m.

Second, to go back to the suggestion that there is one chance in 10 or one chance in 100, or whatever, of a mediator solving this problem, I do not share my honourable friend's view of that situation. We have had many meetings with these people; they are in favour of extra billing, and the government is against extra billing. That is not to say there are not many common concerns we do have; those were discussed and will continue to be discussed in the long term.

It is not as if we are mediating between a four per cent raise and a six per cent raise, where we can compromise at five per cent and everybody wins and loses equally. It is not that kind of situation. It is a situation where there are two strong differences of opinion and they are polarized; they are strongly felt on both sides.

Ultimately, as I am sure my friend will agree, the will of the Legislature and of the elected people has to predominate in this discussion. I ask the member again for his co-operation in moving ahead and not delaying this any more than necessary.

Mr. Grossman: The Premier cannot today, could not yesterday and will never be able to get away from the reality that his blind determination to push this legislation and have it all his way has been the single determining factor in the withdrawal of services we have today. He will never get away from that, because that is the reality. If the Premier wishes co-operation from this party and, more important, from the doctors of this province, there is only one way to get it: The OMA has told him clearly to put in a mediator.

Given the fact that more than just short-term damage has been created, and more than harsh words and rhetoric—and the Premier is right that they are not words used by the Minister of Health, but words used consistently throughout this piece by the Premier—have so dramatically alienated the OMA that he will never be able to do anything in the health care system, will the

Premier consider supporting the reasonable amendment we have put through this afternoon? It is his last chance. Will he support the appointment of a mediator? He can have everything else his way, as he is determined to have, but will he give us a mediator this afternoon?

Hon. Mr. Peterson: I do not agree with the honourable member's characterization of my words as harsh. I recognize in a difficult situation such as this that I will be attacked personally. The minister has been attacked; he has been attacked more in this House, personally and every other way, than I have seen in a long time. When one takes on a responsibility, one has to accept that.

On the one hand, some people think the government has been too slow; on the other hand, some think we have been too fast. These are judgements that have to be made. I think exemplary leadership has been demonstrated on this issue in a fair-minded way. I do not feel the Conservative amendment will do anything except defer problems. One of the functions of leadership is to face problems squarely and not to defer them. In my judgement, the ministry has done that.

Mr. Grossman: The true test of leadership is not to prove the Premier has power. Everybody knows that. The true test of leadership is not to show he can beat a group or have his way. Everyone knows he has and everyone knows that, one way or another, he will have his way. That is not the true test of leadership. The true test of leadership is not how tough he can be, but how fair he can be.

Mr. Speaker: Order. Does the member have a supplementary?

Mr. Grossman: The true test of leadership is not whether he can change the system; it is whether he can change the system and keep people together.

Interjections.

Mr. Speaker: Order. Please, a supplementary immediately.

Mr. Grossman: Does the Premier not agree that the ultimate test of leadership is the degree to which a leader can see through his way and his goals while keeping the majority of the population united and the key people who make our society work, not agreeing but understanding and working together with him? The Premier has failed in that, and that is why we have—

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Peterson: I do not want to get into an academic or philosophical debate with my honourable colleague opposite with respect to the nature and definition of leadership. If one of his criteria is fairness, that has been demonstrated at all turns in the situation.

One of the things we try to do in this party and in this government is not to speak for special interests. Our responsibility is to speak for the broad population. The member knows, as I do, the will of this Legislature and, I suspect, the will of the majority of people. I suspect when judgement is rendered on this situation, as difficult as it is, the vast majority will say the government handled it in a fair-minded and even way.

Mr. Grossman: Absolutely no one would say that. Only the Premier's foot soldiers would say that.

Hon. Mr. Peterson: I know the member opposite disagrees, and I know his colleague the member for York Mills (Miss Stephenson) disagrees; that is fair enough. Some time in the not-too-distant future this matter will be put to the people of this province. I will be very happy to explain how we have handled the situation and how the minister has handled it, because I have the utmost confidence in his judgement and in the way he has done it.

Mr. Rae: I have a question for the Premier. It concerns various events and statements that have been made by members of the medical profession in the past 24 hours.

I will quote to the Premier a statement that is on the front page of the Oshawa Times, dated Wednesday, June 18, 1986. This is the president of the Durham Medical Society talking: "What that means to me is sitting on the curb and watching ambulances pull in the front door and watching the funeral directors pulling out the back door," said Dr. Joan Atkinson, president of the society."

That is a statement made by a supposedly reputable and elected official of the Durham Medical Society with respect to the withdrawal of services. We all know what effect that withdrawal of services has had at the Ajax and Pickering General Hospital in the past 24 hours.

What does the Premier intend to do about the complete collapse of discipline within the profession? What does he intend to do with respect to the withdrawal of services, in many instances depriving patients of care they are legally entitled to get in Ontario? What does he intend to do to stop this kind of absolutely unacceptable and

preposterous threat being made to the people of this province?

Health care does not belong to the profession. It does not belong to the doctors. It belongs to all the people. What is the Premier going to do to stop this outrageous misconduct?

Hon. Mr. Peterson: I share my honourable friend's distaste for statements such as that, because I do not believe they are representative of the profession. Sometimes in highly charged emotional situations people make remarks they later regret. If they have not, I surely have in my own circumstances.

One has to view this matter evenhandedly. There have been a great number of statements, charges and countercharges, many in this House, that, if I were a censor, I would view to be a little extreme. But I am not. It is still a free country, and people have the right to express themselves as they see fit.

That being said, she, like all other doctors, has professional responsibilities, and they are being monitored on a daily basis by the college and by the ministry. In spite of the difficulties, it is working. As we are coming, I hope, closer and closer to a conclusion on this matter, I ask my honourable friend not to inflame the situation more than it already is.

Mr. Rae: I did not say this; it is this doctor who said it. The public is entitled to know the kind of outrageous and completely unacceptable remarks that are being made almost as a matter of course after an organized political meeting.

1:20 p.m.

Let me quote further: "Asked specifically, 'Will people die?' 'I hope not, but they may have to,' said Dr. Atkinson." This was said by a professional licensed by the College of Physicians and Surgeons of Ontario to practise medicine, a trust that is given under the laws of this province. She is saying quite openly that patients may have to die for the cause of the doctors continuing to extra bill and continuing to take actions against the government of the province.

Further to statements made yesterday, Dr. Gary Willard, the former chief of surgery at the Etobicoke General Hospital—that is the hospital where a doctor who tried to practise had his office Krazy-Glued by some of his colleagues—said, "If one doctor is disciplined"—presumably by the college of physicians and surgeons—"then hospitals will close, because there would not be any doctors prepared to work at them."

I would like to ask the Premier what plans he has, not to deal with some hypothetical situation

but to deal with very real threats and statements that are being made by doctors who have occupied positions of authority within our public hospital system and within our health care system? What plans does he have to ensure that we will return the health care system to the people whom it really belongs to—the people of this province, not these extremists who are making self-serving comments?

Mr. Speaker: Order.

Hon. Mr. Peterson: If the honourable member's point was that the Krazy Glue would better be applied to some people's mouths than to door locks, I probably would not disagree with him in the circumstances.

It is a country where people say what they want to say. The responsibility of the college is with respect to how they conduct themselves professionally in fulfilling their professional responsibility. I do not think it would be constructive for me or the minister to threaten them or anyone else.

We are watching the provision of medical services. It is still going on in very strained circumstances, but I cannot help my friend any more than that.

Mr. Rae: It is not simply what doctors are saying in instances such as this; it is what doctors are doing and what they are not doing. That is what is at stake here. It is not simply the idle comments that are made; it is what is being done for patients.

I would like to ask the Premier again, because I do not think he has answered the question. What plans does he have to address the denial of services to people who have come to expect those services in this province and who need those services? They are not merely being inconvenienced but in many cases they are being put into situations that are threatening and excessively risky. At least the Premier will agree with that.

Yesterday we all received a warning with respect to events at one hospital in this province. For God's sake, let that be a warning and not the precursor of something else that might and could happen unless the government is prepared to act and take the steps that will ensure that the health care system is returned to the people, who are the real beneficiaries of the system and not any one self-interested party who works in that system.

What plans does the Premier have to ensure that doctors stop holding patients to ransom in this province?

Mr. Speaker: Order.

Hon. Mr. Peterson: My honourable friend knows my concern is to get this bill passed as

quickly as possible in this House. We are going to need the co-operation of all members to do so; then my concern obviously is to try to pick up the pieces from a very difficult situation. The doctors have raised some concerns. We are going to try to address those. At the same time, they have to recognize their professional responsibilities.

I say to my friend, if he is asking me to issue threats or to speculate on what we may or may not do in some situations where he feels someone is violating his professional responsibilities, I do not think that is constructive towards the two goals I have just shared with him. I am not prepared to speculate about that. I am not prepared to threaten. It is the responsibility of all of us to try to pick up the pieces. We will be working on that in the long term.

SOUTH AFRICAN INVESTMENTS

Mr. Rae: I want to ask the Premier some questions again about Ontario's and Canada's relationship to South Africa, and the government's relationship to South Africa.

I am sure he will have been advised of this morning's press reports with respect to South African liquor and the intention of the Canadian agent for South African Paarl wines, Sainsbury and Co., to organize a large shipment of these wines for sale in Ontario by placing a private order through the Liquor Control Board of Ontario. Does the Premier intend to allow this private order to be placed?

Hon. Mr. Peterson: I was not aware of the situation until I read that article today. I checked the situation. In the past, I gather, people were piggybacking private orders on the large LCBO orders being placed; that was the previous way the system worked. I looked at the situation. It looks as if somebody, whoever it is, is trying to exploit a loophole. There will be no loopholes; that will not be allowed. We will prevent it. Whoever did issue the instructions this morning, that fiddling around will not be allowed.

Mr. Rae: I am delighted to hear that.

Can the Premier tell us what plans the government has to deal with the five Ontario-based corporations specifically named by Commissioner Hart yesterday in his first report to the Parliament of Canada? The Premier will be aware that those five companies have been named; they are Bata, Massey-Ferguson, Dominion Textile, Moore Corp. and Falconbridge. They were all named specifically because they were paying lower wages than was regarded as fair even according to South African standards.

Bata has a contract with the Ministry of Community and Social Services. Dominion Textile has a large contract with the Ministry of Correctional Services. Moore Corp., as a supplier of business forms, has many different contracts, at least one of them with the Ministry of the Attorney General. Does the Premier intend to sit down and discuss with these companies their basic choice: either clean up their act or no longer deal with the government of Ontario?

Hon. Mr. Peterson: I have not had a chance to see that report of Commissioner Hart's, but I was generally aware of it. The member could have added in his question that the taxpayers of this province are shareholders in Massey-Ferguson. We have conveyed our views, as shareholders and as the government, to the management of Massey-Ferguson in this regard, and those views will be brought up at the shareholders' meeting.

I will certainly analyse the facts brought forward by my honourable friend. We will look at the companies named and what business they are doing and see where we can exert our influence. We are looking now at canvassing ways to make sure that the will and views of this government are reflected in its transfer agencies and other groups it deals with.

Mr. Laughren: Let me help the Premier in his deliberations. Since Falconbridge is one of the companies and since Falconbridge now receives from his cabinet an exemption from the processing requirements of the Mining Act, will the Premier make a commitment to end those processing exemptions to Falconbridge so that, rather than shipping its ores to Norway, it simply must process them at source here in Ontario and thus put some teeth into the sanctions against apartheid in South Africa?

Hon. Mr. Peterson: I have sat in this House with my honourable friend for more than 10 years now, and he makes that point about Falconbridge and the processing allowance regularly each week or two. He put a new twist on it today, and it is an interesting new wrinkle on the suggestions he has made in the past. As I told the member's esteemed leader, we will look at how we are dealing with the situation and at how we can bring our moral influence to bear on the situation.

1:30 p.m.

EXTRA BILLING

Mr. Pope: The Premier today three times has used the phrase "pick up the pieces" and in so doing has admitted the health care system has been torn apart to the detriment of the people of

Ontario by this dispute. Can the Premier tell me and my constituents in the riding of Cochrane South why he will not appoint a mediator when he knows the appointment of a mediator will end this tragic strike?

Hon. Mr. Peterson: We both recognize that there are some people of strong views who are upset about what we are doing; that is quite obvious. Our intention is to work with the medical profession, because we have so much in common with it, in a determination to solve our problems in the long term. The member has asked a question that was asked by his leader three or four times today, yesterday and the day before. There is not much I can add to the answer I gave him.

Mr. Pope: The people of my riding of Cochrane South do not believe the passage of Bill 94 will end the strike. They are worried. They feel the strike will escalate. Does the Premier not understand that his refusal to appoint a mediator is not acceptable to the people of Cochrane South, whom I represent, who are no longer receiving adequate medical care?

Hon. Mr. Peterson: I appreciate my honourable friend's assessment of the view of the people of Cochrane South. There is no better person to interpret their feelings than he. I know a number of people from Cochrane South who have a different view from that of the member, so he does not speak for everyone when he puts that view to the House. I admit there is a difference of opinion about this. I have expressed my views to my friend very clearly.

SOUTH AFRICAN INVESTMENTS

Mr. Foulds: I would like to put a question to the Premier about South Africa and Ontario's relations with it. The Premier stood in his place on May 30 and told Bishop Desmond Tutu that the problem of South Africa is "one of the most troubling issues of our time."

Yesterday, the United States House of Representatives passed a very strong bill advocating sanctions against South Africa. Yesterday, the federal government released a report indicating that three companies with which the government of Ontario does direct business by purchasing from them violate even Canada's weak code of conduct. Yesterday, at great risk to himself, from inside South Africa, Bishop Tutu called for sanctions by the international community. When will the Premier live up to his words given to Bishop Desmond Tutu in this House on May 30?

Hon. Mr. Peterson: I understand the honourable member's deep belief in what he is putting to

me, because I share a number of his views and his very passionate commitment. I want to remind the member that this government moved way ahead of a lot of other governments. It is becoming very fashionable now, but we made the moves when they were tough. We provided leadership to a lot of the people who now are starting to recognize that leadership. It is all very well for the member to stand up and say that, but we were there at a far more critical time than now, when it was less popular to do what this government did and had the courage to do. My friend should stand up and acknowledge that.

I have discussed some of the additional moves we are taking with the member's leader. I have not had a chance to analyse yesterday's report, but we take it seriously. We will be looking at our relationship with those people and asking ourselves what we can do to make our view felt, not just there, but with our transfer agents as well.

Mr. Foulds: When the going gets tough, the tough get going, and the going is very tough in South Africa today. The Premier is doing absolutely nothing to help the cause in South Africa today. Last September, the Treasurer (Mr. Nixon) told the Brantford Kiwanis Club that the government earns more than \$9 million on South African products and that this "kind of markup would bring a smile to any businessman's face." When will the Premier stop smiling about the blood money the Liquor Control Board of Ontario earns and put that money into a fund to help the cause of anti-apartheid in this province and throughout the world?

Hon. Mr. Peterson: I appreciate my friend's view, but his rhetoric is getting a little overblown. It was this government that invited Bishop Tutu to speak here. The bishop told me that one of the most important things we could do was to give him the legitimacy of speaking in our Legislature. He was very grateful and appreciated that. We provided leadership long before the member brought these matters up in this House. I am not questioning his sincerity. The member is quite entitled to make all the speeches he wants. We are moving on these matters and we have been moving on them for a long time. There are many objective observers around the world who have a great deal of respect for the leadership this government has provided in this matter.

EXTRA BILLING

Mr. Brandt: My question is for the Premier, who is having a busy day.

Hon. Mr. Peterson: I am glad I came today.

Mr. Brandt: We reset the time just to make sure he was going to be here today.

Surely the Premier is aware that the level of anger, hostility and bitterness in the medical community is the highest it has ever been in the history of this province. Recognizing that one phone call from him to indicate he will appoint a mediator will end this strike virtually instantaneously, will the Premier agree to our appeal to appoint a mediator to resolve this issue today?

Hon. Mr. Peterson: I have answered this question many times. I wish the honourable member would use the phone to make his point a little more poignantly. Why does he not send the phone over to me? I will keep it for sure this time.

Mr. Brandt: The Premier will not send it back; that is why.

Hon. Mr. Peterson: We sent it back because it had to be returned that night to Motorola. That is why. He said, "Oh, it is not my phone. Please give it back to me so I can give it back to my friends," so we sent it back to him. I am glad to see it here every day. It reminds me I should have kept it.

I have answered that question to the member's leader, the member for Cochrane South (Mr. Pope) and many others. My honourable friend may not agree with me or may not understand the point, but if he really thinks this is a matter of one phone call, he has sorely misjudged a very complicated discussion that has gone on for a year.

Mr. Leluk: Appoint a mediator.

Hon. Mr. Peterson: He should stand up and ask me to back off. If he is asking me to back off, the answer to my friend is no.

Mr. Brandt: I suggest the Premier has sorely misjudged this issue. If he thinks that by pressing on with Bill 94, all is going to be well the day after that bill is passed—if, in fact, it is passed—he is sorely misjudging the people of this province.

Will the Premier indicate to my constituents in the community of Sarnia why he will not appoint a mediator, recognizing that the day this mediator is appointed, health services in this province will again be restored to a level somewhat in line with what we have come to expect in Ontario?

Hon. Mr. Peterson: I am answering the same question again, but I will happily answer it again to my honourable friend. It is because one cannot mediate the situation that has presented itself. It is that simple.

Mr. Brandt: How does the Premier know if he does not try?

Hon. Mr. Peterson: Let me tell the member the situation. One cannot mediate the Canada Health Act. It is that simple.

The member has characterized the Tory view for 42 years: because there is a little resistance, back off and avoid the problem. That is his view and I respect that. The Tories did reasonably well for 42 years in avoiding these kinds of things. We have told the people of this province where we stand; it should come as no surprise to the member. We are doing what we said we would do. We are conforming with the law of the land. That is what we are doing.

I am sure my honourable friend, like myself, has had a number of difficulties in life; we have had lots of people who disagreed with us. But I am sure my honourable friend has not achieved his high status in life just by blowing like a reed with every little breeze that comes along.

He knows where we stand. It has happened in almost every other province. Surely he is not surprised about this situation.

Interjections.

Mr. Speaker: Perhaps the Attorney General (Mr. Scott) and the member for York Mills (Miss Stephenson) would discontinue their discussion.

Once again, I will remind the members that you are wasting the time of other members who wish to ask questions.

1:40 p.m.

FREE TRADE

Mr. Mackenzie: I have a question for the Premier. Can he tell the House which wing of the Liberal Party he belongs to, the Lloyd Axworthy-John Turner wing, which is increasingly concerned about the free trade talks going on, or the Donald Johnston-Michel Robert-Donald Macdonald wing, which seems to favour such talks?

Why did his provincial government give away access to the security industry to the Americans without anything in return? This is a move comparable to the Tories giving away the Foreign Investment Review Agency, the national energy program or cruise missile testing when they could have used them as bargaining chips?

Hon. Mr. Peterson: First, I want to say how delighted I am that I showed up at one o'clock today. In response to my friend, I cannot speak for the various wings of the federal Liberal Party which he defines. The member knows where we stand on some of these issues.

Mr. Foulds: It is becoming increasingly difficult to ascertain.

Mr. Speaker: Order.

Hon. Mr. Peterson: I was listening to Ed Broadbent the other day. He is now in favour of sectoral free trade arrangements. It is tough to know any more. Let me ask the member, is he on Ian Deans's side or Ed Broadbent's side of the great free trade debate? I have no idea. I think the question was about deregulation of the securities industry and my friend is concerned that perhaps we should not have done it. That is not in any way related to those discussions. It is a move to make our securities industry more competitive internationally. The securities industry does not belong to the United States any more than it belongs to Tokyo, London, Geneva or Toronto. It is all of those places and it is moving fast.

What we have done by moving on deregulation of the industry is to allow our financial industries to be world-class so we can build a bright future in this province. That is what we have done.

Mr. Mackenzie: Peter Murphy, the US negotiator, has made it very clear that the auto pact is on the table in comprehensive negotiations. The Prime Minister of this country is either so badly briefed or deliberately wrong that he equates the auto pact with free trade. Given the devastation that could result from the loss of jobs if there are changes in the auto pact arrangement with the US as a result of free trade talks, can the Premier not now see the advisability of doing away with these comprehensive talks and maybe taking a look at whether we should look at issues sector by sector?

Hon. Mr. Peterson: I appreciate my honourable friend's advancing the new position of the New Democratic Party on this matter. I always like to keep up in these situations. The member should never put me in a position in this House where I have to defend Peter Murphy or the Prime Minister in this regard because I have no idea what they are doing, what they are saying or what they mean that particular day.

As the member knows, I have put the importance of the auto pact to the Prime Minister in very forceful terms. I was delighted that he recognized the importance of that document. The member will note that in his speech the other night, when he said these discussions were like creating the auto pact, he said it was such a wonderful thing and that the progressives of the day were denounced by the nay-sayers, the NDP and Conservatives of the day, which is an interesting story because he thought it was a Conservative initiative, but it was really a Liberal initiative that served this country very well.

I do not know what those guys are saying today or yesterday, but my position is clear and constant and it will continue to be. We are going to protect those auto workers and I know the member will help me in that job.

EXTRA BILLING

Mr. Baetz: My question is also for the Premier.

Hon. Mr. Peterson: Give me a break.

Hon. Mr. Conway: This is your day.

Mr. Baetz: This is Premier's Day. We appreciate his being here and we hope we will eventually get a good answer from him.

Could the Premier please tell the people in the riding of Ottawa West, my riding, why he will not appoint a mediator when he surely must know that such an appointment will end this tragic strike?

Hon. Mr. Peterson: I appreciate the thoughtfully worded question my friend has put to me. What do they do? Do they pass around a slip and just change the names of the ridings on it? Is that how it works over there?

I am going to Ottawa this afternoon, and that is why I appreciate very much your being here a little early to accommodate that, because we are going to share with the people of Ottawa a major new commitment to health care in that great community. We are going to continue our fight for quality medical care for everyone, as I did yesterday in Scarborough. The member for York Mills (Miss Stephenson) was there and she was excited by the major new contribution. It had been started by her government, but we are very proud of it. They even put a former member's name on the door just to make sure nobody forgot. Margaret Birch's name is there.

Miss Stephenson: Was there another doctor there? Tell the truth.

Mr. Speaker: Order.

Miss Stephenson: Not one.

Hon. Mr. Peterson: I do not know if any good doctors came, no.

Mr. Speaker: Order. No one was listening to the answer.

Mr. O'Connor: What answer?

Mr. Speaker: Order.

Mr. Baetz: In view of the fact there is now a very clear consensus among the people in Ottawa West—in fact all of Ottawa-Carleton, as the Premier will establish this afternoon when he goes there to dedicate the program we began—that the best way to end this strike is not by a

forced and arbitrary passage of Bill 94 but by the appointment of a mediator, why does the Premier continue to refuse to recognize and accept this collective wisdom of the people of Ottawa-Carleton and stubbornly refuse to appoint a mediator?

Ms. Gigantes: On a point of personal privilege, Mr. Speaker: This member purports to speak for the people of Ottawa-Carleton in reporting a consensus when it is only a foolish notion that the bill should not go ahead. He does not speak for people in Ottawa Centre or—

Interjections.

Mr. Speaker: Order. I believe you finished your supplementary.

Mr. Baetz: I was interrupted. Why does the Premier refuse to recognize and accept the collective wisdom of the people of Ottawa West and stubbornly refused to appoint a mediator? Why does he go against the collective wisdom of the people when he is the champion of open government?

Hon. Mr. Peterson: It is very curious that the people of Ottawa West are all of one view and the people of Ottawa Centre are all of another view.

Ms. Gigantes: Ottawa West people have called me and said, "Pass the bill."

Hon. Mr. Peterson: Ottawa West people are calling the member for Ottawa Centre and saying they disagree with the member for Ottawa West.

I think we have answered this, but I am going to Ottawa this afternoon and I invite the member to come with me. I will be leaving in about 15 minutes. We can go up and discuss this matter with the people of Ottawa West and we can both form our own conclusions about what they really think. I am prepared to go to Ottawa West, or Ottawa anywhere, or anywhere else in this province to tell the people where we stand on this issue. That is why I do not agree with the member's assessment of how they are feeling at this moment.

OCCUPATIONAL HEALTH AND SAFETY

Mr. Martel: I have a question of the Minister of Labour regarding the death on June 16 of Hector Goulard, a 36-year-old miner who was killed at Strathcona mine as a result of ground control problems.

The minister will recall that June 20 was the anniversary of the deaths of four miners at Falconbridge two years ago. The government established the Stevenson commission, which reported back in February. People thought there would be some action. To our knowledge, to this

time not one recommendation has been adopted. Can the minister tell us when he will put some substance to the words he has been spouting about the Stevenson commission since it reported, when there has been no substance to this date?

Hon. Mr. Wrye: I share with the honourable member genuine sadness at the tragic death of Mr. Goulard on Monday of this week. A full investigation of that tragedy at Falconbridge, at the Strathcona mine, is still under way.

I was in the member's community yesterday, as he probably knows, and spoke to the Mine, Mill local. I also had an opportunity to speak with the president of Local 6500 of the United Steelworkers and I indicated to him that we are accelerating our activity and our review of the substantial and troubling increase in the number of rockbursts, particularly at Inco.

As far as the review of the ground control and emergency preparedness report is concerned, we are about ready to move. We have been reviewing it thoroughly and we are about ready to move on activities. The very first thing we will do, and we are doing this right now, is to move towards getting additional ground control engineers. As the member knows, there are only two in the north now. We agree with the Stevenson report that is inadequate and I give the member a commitment that we are moving as quickly as possible on that.

1:50 p.m.

Mr. Martel: I am sure the minister is aware that in the past 20 years 82 miners have lost their lives from ground control problems. In the past year alone, there were 106 rockbursts in Ontario. I appreciate that the minister is going to hire more engineers. Will he use his good offices to convince his colleague, the minister responsible, that the school concerning rockbursts that has been advocated by Cambrian College should to Sudbury rather than falling into the trap of allowing the University of Toronto or Queen's University to get that type of facility when they do not even have a rock in their backyard? Can he guarantee that the school is going to be established in the Sudbury area by next fall?

Hon. Mr. Wrye: I am not in a position to give guarantees on behalf of my colleagues. I recognize the member's concern and, more particularly, I recognize his deep concern.

Mr. McClellan: Take the money from the Industrial Accident Prevention Association and put it into the school. I know where the minister can get \$14 million.

Hon. Mr. Wrye: In spite of what my friend the member for Bellwoods says, it is properly placed in terms of rockburst activities. I was speaking to the president of Local 6500 of the Steelworkers' union about the whole issue of rockbursting and what he considers to have been some near tragedies. As the president of Local 6500 said, I, as well, do not want to be lucky in terms of rockbursting. I want to ensure that absolutely everything is being done to protect the miners of northern Ontario—indeed all the miners of Ontario—from the kinds of dangers that can lead to tragedy, which we have seen all too often in our province.

EXTRA BILLING

Mr. Partington: My question is for the Premier. I have a copy of a letter dated June 13, addressed to the Premier and signed by George Goldford, chairman of the board of governors of the St. Catharines General Hospital, in which he states, "It is time to bring a mediator into the dispute and I am urging you to take this step immediately." This board is charged with a major part of health care delivery in St. Catharines. Will the minister listen to the board's call and appoint a mediator and end this dispute before he destroys the very health system he claims to be protecting?

Hon. Mr. Peterson: I am sorry that I have not seen the letter. It may be in my office. I am sure the member can appreciate that we are getting a lot of mail these days. Will the member be so kind as to convey to the chairman of the board that I appreciate his advice very much? Perhaps the member will describe the position this government is taking in the matter. I am sure he will understand the reasons after they are conveyed to him.

Mrs. Marland: Since the Premier has said this afternoon that he is very much aware of the opinion of the leader of the Progressive Conservative Party, why is he not aware of the opinion and needs of the people of Ontario, and in particular of those of the more than one million people who reside in the regions of Peel, Halton and Niagara? These people know that the passing of Bill 94 will be equated with putting gasoline on a fire and they are as concerned as the board of governors of the Credit Valley Hospital who have also asked the Premier to appoint a mediator. Will he now meet that request?

Hon. Mr. Peterson: I appreciate the member's view. As I said, we are not prepared to withdraw the bill if that is what my colleague is suggesting. What shall I mediate? Will she go

ahead and pass the bill? Why does she not go ahead and help us to discuss and pass the bill in the House? We will then sit down properly with the medical profession and discuss and work out any issue it wants to discuss. However, if she is asking me to withdraw the bill—the member is shaking her head; I have no idea whether she means by that she is in favour of withdrawing the bill or not. We are not going to withdraw the bill. If she can convey that to the people of Halton, Burlington, Peel and Niagara I will be very grateful.

SINGLE-INDUSTRY COMMUNITIES

Mr. Morin-Strom: I have a question for the Premier in regard to an important recommendation from the Rosehart committee report on resource-dependent communities that relates specifically to the Premier's stated support for the development of new technology in Ontario. To be clear, the recommendation states: "That there be established in the north a northern technology research and development institution to provide technical support for northern development initiatives. It is suggested that such an institute would have a close working relationship with the Ontario Research Foundation and that the work done have direct benefit to the development of secondary manufacturing in the north."

Does the Premier support this recommendation, and if so, when will it be implemented by his government?

Hon. Mr. Peterson: The Rosehart report was a first-rate piece of work. I congratulate all the members who participated in that. A number of very far reaching—

Interjection.

Hon. Mr. Peterson: My friend the member for Kenora (Mr. Bernier) is telling me there are 80 recommendations and we have done nothing. Can one imagine that guy saying to me that we have done nothing about the north? That guy is the reason we needed the Rosehart report. There is the single walking disaster. There is an example of why we should never ever give one man too much power. He fouls it all up.

Mr. Speaker: Order.

Hon. Mr. Peterson: We have been picking up the pieces for his shortsightedness since we came over here. I do not want to be personal, but he is the last person in this House who is qualified on northern issues.

Interjections.

Mr. Speaker: Order. Once again, I tell the members that I will just wait. The time is going on. Members are wasting the time of other members.

Mr. Morin-Strom: I sympathize with the Premier's sentiments in that regard, but I do not think he addressed the question I asked. I asked about the northern research and development institute that was proposed for northern Ontario to support technological development in the north. Will the Premier support that recommendation so we see that technology is developed in northern Ontario that will support the development of secondary industries that will enable us fully to utilize our resource potential and also the people potential we have in northern Ontario?

Hon. Mr. Peterson: It is a very reasonable suggestion. I apologize that my friend the member for Kenora started getting unruly over there and disrupting the House again.

We are analysing all of those recommendations and are hoping to make a response in the very near future, in a week or two or three, in that time frame. A number of those things will be addressed.

As the member knows, we need short-term as well as long-term responses. Like the member, we are interested in addressing some of the structural problems that exist there, including the infrastructure with respect to education, technology and technology transfers.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Peterson: I appreciate my honourable friend's concern. He will see that we will be addressing those things.

Interjections.

Mr. Speaker: Order. All interjections are out of order. I will wait.

CRIMINAL CODE

Mr. Callahan: My question is for the Minister of Consumer and Commercial Relations. Was Ontario consulted by Mr. Crosbie in determining the proposed amendments to the Criminal Code dealing with obscenity and pornography?

Interjections.

Mr. Speaker: Order.

Hon. Mr. Kwinter: It is my understanding that the Ministry of the Attorney General was in consultation with the federal minister and made representations and suggestions that were incorporated in the government's recommendations.

Mr. Callahan: Assuming these amendments are passed, what effect, if any, will that have on the present censor board, the Ontario Film Review Board?

Hon. Mr. Kwinter: We have generally been supportive of the recommendations with one exception, and that exception is a relatively broad basket clause that describes activities in a very broad sense. We feel there has to be some narrower definition. Otherwise, it will be very difficult for the film review board to function, because it will not be able to identify what is meant by that.

ALCOHOL TREATMENT CENTRE

Mr. Villeneuve: I sent a note to the Minister of Health last Tuesday regarding the Mount Carmel House Treatment Centre. I am still awaiting a reply. Will the minister let this alcohol treatment centre close down? It was not able to meet its payroll last Thursday. Is the minister going to let it close down, or will he give it some help?

Hon. Mr. Elston: Under the auspices of the member for Prescott-Russell (Mr. Poirier), the honourable member and I made interventions near the end of our fiscal year in March, and we have already given help to Mount Carmel House by providing more than \$30,000 to assist it at that stage. It is on the list for funding, having been reviewed by the district health council in the area. We are looking at that possibility.

The member's letter, dated June 11, said the centre could not meet its payroll on June 12. That did not give me much time to react to the situation. The member for Cornwall (Mr. Guindon) has also been in touch with me, and I can tell the members of the public that each of the members in the area, the questioner, the member for Cornwall and the member for Prescott-Russell, have expressed their concern about this project, and the district health council's review of this matter is extremely important to all of us.

2:02 p.m.

MEMBERS' STATEMENTS

EXTRA BILLING

Mr. Jackson: On June 17, the emergency department of Joseph Brant Memorial Hospital was closed for the first time in its 25-year history. It was closed because many of the doctors in Burlington saw no choice. They do not want to withdraw their services but have been forced into it by a government that refuses to negotiate or accept mediation.

When I learned of the plans to close Joseph Brant's emergency department, I immediately arranged for volunteers to come to my constituency office for the day to help handle the telephones. Each one was provided with lists of treatment facilities that would be open, and each was made aware of what to do in cases of calls from people seeking medical attention who did not know where to turn. Emergency numbers were kept at hand so that quick telephone service could be provided.

We did that because in Burlington South, health care is considered too important to be shrugged off with a wink and smile as the Premier (Mr. Peterson) did in the Legislature on Monday. My staff was also asked to listen carefully to the concerns expressed by citizens who called, to answer questions if asked but not to push a point of view, and certainly not to hang up on people as we have learned the Premier's office did.

Not everyone in Burlington South may agree with my position, but I am not afraid to listen to them on this issue, as the Premier evidently is. The calls in my office were not unanimous, but about 82 per cent of them had a message they wanted to send to the government. It is up to the Premier to please call in a mediator. Let us get our health care system working again.

SOUTH AFRICAN INVESTMENTS

Mr. Foulds: In this province today, we are facing a crisis in our health care system brought on by the deliberate and provocative acts of some members of the Ontario Medical Association. However, in my statement today I would like to focus on a different crisis; that is, the international crisis in South Africa.

Let us for one minute set aside our parochial interests, important though they may be, and contemplate our responsibilities as part of the brotherhood of man. This morning, I tabled a resolution outlining seven positive concrete actions that this government, the Premier (Mr. Peterson) and his Liberal colleagues could take to influence the course of events in South Africa.

I remind the government of what the Premier said to Bishop Desmond Tutu when he visited here on May 30. I take it to be a solemn commitment. The Premier said the problem of South Africa was one of the most troubling issues of our times. I ask the Premier to live up to that commitment. I ask him to stop doing business with companies that are doing business with the government of and trade with South Africa.

I ask him to support the tough resolution that I introduced on Orders and Notices this morning. If he is unable to do that, I ask him at least to put the profit for the past year from the sale of South African liquor into a fund that would fight apartheid.

EXTRA BILLING

Mr. Cordiano: I would like to make a few comments regarding the opposition's performance—and I do mean performance—in this House over the past few days. Telephone calls and other gimmicks do nothing to advance the debate in this House on the important issue of extra billing.

I cannot understand how the Leader of the Opposition (Mr. Grossman) can stand in his place, as he did yesterday, and profess to care about Ontarians and that Ontarians may be affected by partial withdrawal of health services by some doctors. How can members of the opposition profess to care about the best interests of their constituents when they state publicly that they are willing to preen and posture—that is what they are doing, preening and posturing for days on end—to bring the democratic process to a halt?

Despite this, it is still not clear where the Leader of the Opposition and his party stand on this issue. Are they in favour of extra billing or are they against it? Where do they stand? We truly wonder in whose interests is the Leader of the Opposition speaking. It is not clear. It is not in the best interests of the patients of this province.

Interjections.

Mr. Speaker: Order. I remind all members that this is a time for members' statements. Please show respect to the other members.

ALZHEIMER'S DISEASE

Mr. McLean: I would like to make the Legislative Assembly aware that in Simcoe East we have the staff and the facilities to deal with a very serious affliction that affects 93,000 middle-aged Ontario residents. Alzheimer's disease, as members know, is a disorder of the brain that causes loss of memory and serious mental deterioration over a period of two to 20 years.

As well as the 93,000 residents of this province who suffer its effects, 300,000 Canadians are affected, which will give members an idea of how widespread this problem is. In the riding of Simcoe East, we have the Huronia Regional Centre. Within this organization are the facilities and staff to deal with patients suffering from Alzheimer's disease.

This is a serious affliction, as one can imagine. It is devastating not only to the victims but to their families as well. Today it is not a treatable disease, and considerable research is required to get to the actual cause. Medical care and proper guidance can assist the person and the family in coping with this incapacitating illness.

I urge the minister to consider making use of the facilities at the Huronia Regional Centre as a care centre for those suffering from Alzheimer's.

EXTRA BILLING

Mr. Hayes: I have a statement about extra billing. I want to remind members of the House of the reason Bill 94 was introduced. It was to protect patients from being charged by their opted-out doctors at higher rates than they will be reimbursed by our health insurance plan.

Bill 94 was intended to protect people such as one of my constituents, whose name I do not have permission to use because of fear that the doctor will not agree to continue to perform needed surgery. The constituent received a bill for \$2,500 but was reimbursed just over \$1,300 by the Ontario health insurance plan.

In this case, the doctor's bill for \$2,500 carried a notation that OHIP would repay approximately \$1,825, meaning the patient's family would have to pay an extra bill of \$675. However, it turns out the submitted fee was \$1,825, of which OHIP's schedule of benefits provides only \$1,303.50. My constituent is faced with an extra bill of \$1,196.50.

Bill 94 is about stopping the doctors of Ontario of Ontario from sticking it to the patients with extra bills.

FAMILIES FOR CHILDREN

Mr. Reyecraft: Today I would like to pay tribute to the outstanding achievement of the Families for Children organization. Families for Children was founded in 1971 by two Canadian housewives. The organization helps to care for orphans who have been abandoned, who are ill or who have been abused and to find families for them. It also operates seven homes for orphans in three Third World countries.

On June 21, this Saturday, Families for Children will be holding its House of Hope auction in the Middlesex village of Dorchester. Since the sod-turning ceremony there on November 2, 1985, numerous volunteers have worked tirelessly throughout the winter to construct, furnish and landscape this beautiful home in the Vista Woods Estates of Dorchester.

In particular, I would especially like to mention Chris and Charlene Rijnen of Dorchester, who not only donated the lot but, along with Audrey Timmerman of London, have also spearheaded this project. The house is now complete, with furnishings added for good measure, all donated by area tradesmen.

Families for Children expects to raise \$150,000 from the auction. The money will be used to build a children's village or complex in Podanur, India, for orphans. I believe this is an exemplary example of the spirit of our rural communities. The dedication, generosity and commitment that have been demonstrated are truly worthy of special recognition by this House.

Mr. Speaker: I recognize the member for Durham-York for 30 seconds.

EXTRA BILLING

Mr. Stevenson: I will use Durham region as a classic example of how the handling of Bill 94 has destroyed a good health care system in Ontario. In Durham region, two doctors out of several hundred are opted out. Yesterday, the emergency area of the Port Perry hospital was closed. Those doctors have not extra billed ever and likely never will.

Mr. Speaker: The member's time has expired. That completes the allotted time for members' statements.

I remind the member for York Mills (Miss Stephenson) and the Attorney General (Mr. Scott) that question period expired quite some time ago.

2:13 p.m.

STATEMENTS BY THE MINISTRY AND RESPONSES

FOOD PRODUCERS AND PROCESSORS

Hon. Mr. Riddell: In keeping with this government's commitment to the agricultural industry—

Mr. Speaker: Order. Once again I will ask the members to refrain from their private conversations and to listen to what is being said in the House.

Hon. Mr. Riddell: In keeping with this government's commitment to the agricultural industry, I have two more programs to announce this afternoon.

As members know, Ontario agricultural producers and food processors have an excellent record of providing quality products for consum-

ers both at home and abroad. To maintain and improve upon this record, Ontario producers and processors must keep up to date with the latest technological developments and discoveries.

I am pleased to inform the members of the House of two new programs that will help producers and processors employ the latest technologies in their efforts to provide quality products for sale to the consumer.

The first, the fruit and vegetable quality program, will assist fresh fruit and vegetable growers, packers and storage operators to buy capital equipment to enhance the quality of their products. The technology of storage is evolving quickly. The industry has been adapting to an increasingly competitive market by providing a steady supply of the best-quality products. This \$6 million, three-year program will cover up to 40 per cent of the applicant's capital cost of storage, cooling and produce-conditioning equipment. The program will increase employment and benefit consumers by improving Ontario's ability to supply its markets with high-quality produce.

The second initiative, the Ontario small food processors assistance program, will help small food processors increase efficiency and expand facilities. This \$6-million, four-year program will provide grants to help viable companies improve their access to market information, strengthen their business planning and invest in new technologies and facilities. This program will increase employment while also benefiting consumers by improving food quality, increasing the availability of Ontario-produced speciality products and increasing the supply of some products in smaller markets.

Quality in production and processing and quality for sale to the consumer are the emphases in these two measures to improve fruit and vegetable quality and to boost small Ontario processors. It is part of the continuing commitment of this government to the agricultural community and to the consumers of the good things that grow in Ontario.

Mr. Andrewes: I regret the Minister of Agriculture and Food is practising his shoot-and-run tactics again. Maybe he is embarrassed because basically the two programs he announced today are simply a continuation of the creative programs announced by previous Progressive Conservative governments, one in 1981 and the second, the small food processing program, in the spring of 1985. I am sure the industry will be pleased with this announcement. Those were creative programs. They were well

received. I am delighted they have now been reintroduced as a result of the Liberal government finding itself following a brief hiatus.

It is interesting this is part of the new image of the Liberals now that they are solidly in office, or they assume so. They now take on all the benefits of previous governments and claim them as their own. However, I congratulate them on their wisdom.

Mr. Ramsay: It is a pleasure to stand up and comment on the statement made by the Minister of Agriculture and Food. I am a little disappointed he was not able to remain for the statement. In that seat, a minute ago, there was a similar view of the top of a head from my angle; I thought the minister was still there, but it was another member who has a bald head.

The minister may have missed some of the points of this good program he has brought in. The reason we need better-quality storage of fresh Ontario fruit and vegetables is to enhance a program of import replacement. I do not know why he did not make that point; it should be made. Not only would the produce be in better shape but also we could rely more on indigenously grown produce rather than importing from other countries. This is pertinent because many of the apples and grapes we have come from Chile and South Africa. It is more important than ever to rely on Ontario-produced food.

MINIMUM WAGE

Hon. Mr. Wrye: I am pleased to announce today a revision in Ontario's general minimum wage from the current level of \$4 per hour to \$4.35 per hour. This change will take effect on October 1. This is an increase of 8.75 per cent since the minimum wage was last revised in October 1984. It more than provides for past and anticipated increases in the cost of living and wages generally during that time.

The special minimum wages for liquor servers, students under 18 years of age, hunting guides, learners and domestics will also be revised by 35 cents an hour on the same date. The minimum wage for harvest workers will be raised by 35 cents, to take effect on January 1, 1987.

Our review indicates the special minimum wages for construction workers and site guards and the weekly minimum for ambulance service workers have no meaningful role and are little used. These minimum wages are being revoked, and the employees covered by them will be subject to the general minimum wage.

Employers of domestics are currently permitted to charge a maximum of \$55 weekly against

minimum wage earnings for room and meals, while employers in industry generally are allowed \$4 per week less. This higher charge is inequitable to domestics, and I am thus standardizing the maximum room and meal allowance at \$55 per week, applicable to all minimum wage earners.

In addition, legitimate concerns have been brought to my attention about inequities in the current provision which permits an employer to deduct the full amount of the room allowance regardless of whether the employee is given a private room or shared accommodation. Therefore, \$20 of the \$55 weekly allowance will be permitted as a room deduction only if the minimum wage worker is provided with a private room. A new maximum room allowance of \$10 per week is being introduced to be applicable in instances where the live-in employee is not supplied with private accommodation.

Finally, I wish to announce that the level of the minimum wage will be reviewed annually. Any changes will take effect on October 1 for workers generally and on January 1 for harvest workers. This will help to remedy past deficiencies where long intervals between revisions resulted in a progressive erosion of purchasing power of minimum wage earners. We have consulted on this matter with employer representatives. We recognize their need to remain competitive interprovincially and internationally, and they have not objected to a more predictable, more regular system of minimum wage revision.

I also wish to inform the House at this time that my colleague the Honourable Pierre Paradis, Minister of Labour of Quebec, has today announced an increase in the general minimum wage for that province similar to that of Ontario.

The minimum wage is a recognition that Ontario requires certain minimum standards of employment compensation. These standards must reflect the delicate balance we all recognize between the need for a competitive economy and the basic protection all workers are entitled to. The measures we propose today will preserve that balance.

Mr. Gillies: I am going to say a couple of heavily qualified positive things about the Minister of Labour's statement. Anyone who cannot stand it can cover his ears.

First, we were due for an increase in the minimum wage. The rate the minister is increasing it by is roughly the rate of inflation over two years and is probably appropriate. The minister will know I raised the question of the minimum wage with him in estimates last fall, and he said

an increase was going to be announced in a number of weeks. This is indeed a number of weeks later; none the less, here it is.

The minister is probably right in announcing an increase, first, for October 1, which should not disrupt businesses that have planned an amount of money to hire students this summer, and second, for January 1, which in the case of harvest workers should not provide any unexpected hardship for farmers and the farm labour required in this harvesting year.

I am also pleased it is the minister's intention that this matter be reviewed annually. It is good for the business community to be able to plan ahead with some rough approximation of the increases it can expect on an annual basis.

There are those in the business community who, whenever there is an increase in the minimum wage, raise the concern that it will cost jobs and lead to unemployment. I am not one of those who believe that happens. As long as the increases are reasonable and are done on a periodic basis, they are appropriate and I welcome them.

Mr. Mackenzie: I would like to say to the Minister of Labour that workers are generally appreciative any time there is an increase in the minimum wage. The 35 cents an hour he has announced as of October does help. I wish to make it clear that it is appreciated.

I also want to make it clear that, unlike the Labour critic for the Conservative Party, I do not consider it adequate. The last increases that went through increased the workers' minimum wage by 14 per cent. In the previous period, there had been an increase of 24 per cent in cost of living alone; so they were already 10 per cent behind when they got the last increases.

I do know why we are waiting until October 1 to bring in this increase. I do not know why, whether it is tourism workers or harvest workers, they have to be shortchanged for another session of the House. The increase is nothing but catch-up and should have been considerably more. It also does not meet the minister's commitment that we would have indexing.

I grant him that having a yearly review is better than nothing, but for the last yearly review we had, the minister told us last summer he hoped to have the increase in the fall. It is coming the next fall. It took him one year to meet what he said in this House last July about getting an increase in the minimum wage. If we have that kind of review each year, then I pity the workers in their hopes to have an increase in one year's time.

The increase is certainly needed and long overdue, but it is not adequate in terms of the cost of living today. It amounts to a wage for a worker—sometimes a worker who will work darned hard—of \$9,048 a year, considerably less than any standards we have for the poverty level in this country.

PUBLIC COMPLAINTS LEGISLATION

Hon. Mr. Scott: I have two statements on a connected matter.

Later today, I will introduce legislation which will permit the expansion of the office of the public complaints commissioner of Metropolitan Toronto into other parts of the province.

The Metropolitan Toronto Police Force Complaints Act has been a significant success since its establishment in 1981. The office, under the able leadership first of Sidney Linden and now of Judge Clare Lewis, has brought a new degree of openness and accountability to police discipline matters.

Members of the public in Metropolitan Toronto have the benefit of an outside, impartial review of the way in which their complaints about police misconduct are handled. At the same time, police officers against whom an improper allegation is made can be cleared in a process that is open, visible and credible to the public.

The legislation I will introduce today will make this important justice initiative available to municipalities that choose to opt in to it, subject to cabinet approval. The system in Metropolitan Toronto owes its origins to the request of the six mayors who were in office at that time, and we are satisfied that expansion should continue to take place on the same consensual basis that was the origin of its original success.

Accordingly, once the legislation is passed, any municipal council, subject to cabinet approval, will be able to elect to have the office of the public complaints commissioner exercise jurisdiction in respect of local complaints. The system will not be imposed on municipalities that are satisfied with the present method of responding to public complaints.

Under the proposed legislation, a local office of the public complaints commissioner would be established in each municipality that opted into the system. At that office, individuals from the community would file their complaints, and from it, investigators would oversee the investigation of complaints by the police force.

Investigations in the first instance would be conducted by a specially designated unit of the

local force, as they are now, and decisions on appropriate action would be made by a designated senior officer.

Where residents were not satisfied with the resolution of their complaint by the local force, they could request a review by the public complaints commissioner. Following a review, if the commissioner determines the complaint should be heard by a board of inquiry, its members will be drawn from a panel established from the local region.

The costs of extension into each municipality will be shared by the province. At present, we pay 50 per cent of the costs of the operation in Metropolitan Toronto.

To ensure consistency, one individual will serve as commissioner for the entire province. Clare Lewis, who currently discharges this responsibility in Metropolitan Toronto, will assume the responsibilities of commissioner for all jurisdictions.

We believe the method outlined in the bill will provide consistency in policy and program activity while ensuring that local circumstances are taken into account in all cases.

I believe this is exceedingly important legislation. It exemplifies our commitment to providing practical and effective access to justice for everyone.

The second statement is with respect to an amendment to the present bill.

Today, I will introduce an additional bill which does not concern expansion but which amends the existing public complaints legislation.

The existing legislation contemplates that boards of inquiry, when required, will be drawn from a panel of persons appointed by the Lieutenant Governor in Council.

One third of the members of the panel are lawyers whose appointments have been jointly recommended by the Solicitor General and the Attorney General. Another third are individuals recommended by the council of the municipality of Metropolitan Toronto. The final third is required to be composed of individuals nominated jointly in writing by the Metropolitan Toronto Police Association and by the Metropolitan Board of Commissioners of Police.

Regrettably, since the new act was passed in 1984, the Metropolitan Toronto Police Association has refused to make appointments to the panel. This is so despite written requests from my predecessor, Roy McMurtry, and from me.

The existing law does not provide any recourse where one of the nominating bodies refuses to make a nomination.

The amendment I am proposing will provide that where the police association and the board of commissioners fail to make joint recommendations, the Attorney General and the Solicitor General may make the recommendations to the Lieutenant Governor in Council. In these circumstances, consideration will be given to any nominations that have been made by either the board or the association alone.

Should the Metropolitan Toronto council ever decline to make recommendations, which it has not done, the Solicitor General and Attorney General would have the same powers.

I regret very much that the intransigence of the Metropolitan Toronto Police Association has required this amendment. However, it is important to ensure that the legislation continues to operate. Therefore, I ask my colleagues on all sides of the House to provide its early passage.

Mr. O'Connor: In reply to the Attorney General, I might say we are delighted he has finally moved in an area where we have been urging him to take some steps for the past year. As early as last year's estimates, I am clearly on record as urging the Attorney General to expand the concept of a public complaints board beyond the boundaries of Metropolitan Toronto to the balance of the province. The Attorney General knows that very well.

We are delighted with the thrust. However, as I see it, there are two problems with the statement made by the Attorney General. The first is his reference to the option of municipalities and local forces to set up a complaints board, which would then be subject to cabinet approval; in other words, at the whim of the cabinet, which may or may not allow a municipality to establish its public complaints board. Why not give them the right outright to opt into a plan such as this? Why is it subject to cabinet approval? Is there some suspicion because there is no further indication herein that there are criteria that must be met or not met? The Attorney General indicates it is a matter of money. Of course it is a matter of money.

Second, the plan as proposed provides for local forces to continue investigating themselves. That is the difficulty we want to get around. The plan provides for a special unit of a local force; since some forces are very small, we will have friends investigating friends. Surely the purpose of a public complaints board is to avoid that suggestion and the suspicion of friends investigating friends. Why not bring one's complaint directly to the public complaints board, which is a much more satisfactory

arrangement? One can have the investigations of other forces completed by the Ontario Provincial Police so there is not this apparent conflict.

Subject to amendment of the legislation in those two areas, we are delighted to see this initiative.

Mr. Warner: Regarding the Metropolitan Toronto Police Force Complaints Amendment Act, there are a couple of things in the announcement that were disappointing, although I certainly welcome the principle.

First, some mention should have been made of the person who pioneered this type of legislation in this assembly for many years: James Renwick, the former member for Riverdale.

Second, the minister is aware that the reason the police association does not participate is that, unfortunately, the process does not involve due process of law for the officer involved. Our bill had included that. As well, there is the basic principle that the police should not be investigating themselves when there are complaints.

I hope we can address these oversights when we get to deal with the bill.

Ms. Gigantes: We welcome the statement by the Attorney General, as my colleague the member for Scarborough-Ellesmere (Mr. Warner) suggested, to expand the police complaints commissioner mechanism across the province.

I am sure there will be questions during the course of discussion of this legislation about the application of the bill, whether we should be leaving it to municipalities to choose to come under the complaints commissioner process and, further, about the balance of the process itself and the questions that have been raised around it in Toronto during the past few years.

It is a process that has been far better than nothing, but it still raises a good many questions. Now we have a chance to review the balance of the structure, and we welcome that opportunity.

VISITORS

Mr. Shymko: On a point of privilege, Mr. Speaker: I know it will be embarrassing for you, but I am most honoured to welcome, in the Speaker's gallery, the charming wife of our Speaker and his family.

Mr. Speaker: I will look mad, as I have before.

PETITIONS

NATUROPATHY

Mr. Warner: I have a petition addressed to the Honourable the Lieutenant Governor and the

Legislative Assembly of Ontario from Eric Shrub, chairman of the board of directors of Drugless Therapy Naturopathy. The undersigned, some 40 constituents, beg leave to petition the parliament of Ontario as follows:

"Whereas it is our constitutional right to have available and to choose the health care system of our preference;

"And whereas naturopathy has had self-governing status in Ontario for more than 42 years;

"We petition the Ontario Legislature to call on the government to introduce legislation that would guarantee naturopaths the right to practise their art and science to the fullest without prejudice or harassment."

EXTRA BILLING

Mr. Hennessy: I have a petition from the Patients for Freedom in Medicine, a citizens' association founded on the principle of civil liberties.

"This association believes Bill 94, the Health Care Accessibility Act, is a violation of both patients' and physicians' civil liberties. If Bill 94 becomes law, doctors will be completely controlled by government and health care will be completely controlled by the government. This association believes medical care should be based on medical need, not determined by government budgets.

"As a citizen of Ontario, I do not agree with this legislation and request that Bill 94 be withdrawn."

ADULTS-ONLY APARTMENTS

Miss Stephenson: I have a petition I wish to present regarding Bill 7. It is addressed to the Premier (Mr. Peterson).

"While no one can argue against the need for family rental accommodation, there should be recognition of the rights of all tenants to choose their own lifestyle.

"We, the tenants of 745 and 755 York Mills Road, strongly oppose the provincial government's plan to abolish adults-only apartment buildings. A small group of people has succeeded in imposing their view on the government. We do not want them to dictate our lifestyle."

"This petition is not discrimination against children; it is against violation of our right to choose our lifestyle."

The petition is signed by 200 tenants in the riding of York Mills.

REPORT BY COMMITTEE

STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Mr. Breagh from the standing committee on the Legislative Assembly reported the following resolution:

That supply in the following amount and to defray the expenses of the Office of the Assembly be granted to Her Majesty for the fiscal year ending March 31, 1987:

Office of the Assembly program,
\$67,251,500.

Mr. Breagh: This will probably restore one of the great issues of our time and bring back proper coffee cups in the east and west lobbies.

2:40 p.m.

INTRODUCTION OF BILLS

METROPOLITAN TORONTO POLICE FORCE COMPLAINTS AMENDMENT ACT

Hon. Mr. Scott moved first reading of Bill 90, An Act to amend the Metropolitan Toronto Police Force Complaints Act, 1984.

Motion agreed to.

METROPOLITAN TORONTO POLICE FORCE COMPLAINTS AMENDMENT ACT

Hon. Mr. Scott moved first reading of Bill 95, An Act to amend the Metropolitan Toronto Police Force Complaints Act, 1984.

Motion agreed to.

WINE CONTENT AMENDMENT ACT

Hon. Mr. Kwinter moved first reading of Bill 97, An Act to amend the Wine Content Act.

Motion agreed to.

Hon. Mr. Kwinter: I am pleased to introduce today the Wine Content Amendment Act, 1986. The purpose of the act is to extend legislation allowing the limited use of non-Ontario grapes and wine in Ontario wine production for the period of one year.

The act was initially passed in 1976 to help the Ontario wine industry meet the trend in consumer demand for dry, light table wines while giving Ontario grape growers time to convert to higher-quality grape varieties. This conversion is a slow, expensive process and is not yet complete.

The present enabling legislation expires on August 31, 1986. The original sunset date of 1980 was extended in the past, and I am

requesting members' support for a further one-year extension.

ORDERS OF THE DAY

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

On section 5:

Mr. Chairman: When we left off yesterday and reported to the House, we were on the amendment of the member for Lincoln (Mr. Andrewes) for a new section 5. Is there any member who wishes to speak to this amendment?

Mr. Jackson: Before the debate was adjourned last night, I believe I was the last speaker on this subject.

Mr. Chairman: This is committee of the whole House, so there is no retaining of one's place.

Mr. Jackson: Thank you for your clarification. Yesterday, when responding to this amendment, I made reference to the fact that I was fortunate enough to be a member of the standing committee on social development, which was responsible for conducting public hearings on Bill 94 during the course of three and a half months.

It occurred to me it would be appropriate when offering reasons that a call for a mediation component to this bill would be essential if we were to look for concerns that were expressed by members of the community at large who presented themselves before the committee.

Yesterday, I referred to points of support for a mediation framework from such groups as the Ontario Public Service Employees Union, the Canadian Union of Public Employees and the Ontario Nurses' Association. I also read one reference from the Ontario Health Coalition.

I again advise members of this House of a statement made before the committee on March 6 by Dr. Rachlis of the Ontario Health Coalition. Dr. Rachlis said:

"We recommend to the government and the practitioner organizations that the dispute resolution process include conciliation and mediation and, as a last resort, submission of all outstanding issues to mutually agreed on binding arbitration. We further recommend that upon entering into a contract, the contract be binding on all parties and the negotiated dispute resolu-

tion process be appended to the regulations of the act."

There were further clarifications based on questions from the all-party committee, and the health coalition went on to state:

"The Ontario Health Coalition asserts that all workers, regardless of job classification or occupational status, have the fundamental human and labour rights to bargain collectively, negotiate remuneration and working conditions, and to withdraw their labour, which is to strike.

"Therefore, we recommend that a committee comprised of representatives of consumers, government, health practitioners and workers be established to define a package of essential health services that must be provided in the event of job actions or strikes. Essential services should be designated in the regulations. The government and the professional association or bargaining agent concerned should be jointly responsible for ensuring availability and delivery of designated essential services in every community. In the event of job action, a publicly accountable task force should be established to monitor availability and delivery of essential health services."

I point out this section from the Ontario Health Coalition. It is significant because, as members know, the Ontario Health Coalition attended the hearings in support of Bill 94. It had no idea the conflict between the government and the medical practitioners in which Ontario currently finds itself would escalate to the degree that it has.

It somehow seems fitting that even those groups the Minister of Health (Mr. Elston) called upon to support and endorse his bill are in turn setting out a program for the minister to follow in case there is job action, which we have seen, or in case there is dispute, which we know is there. It is not just on fees; it is on working conditions and terms and conditions of employment.

As I stated yesterday, there is also concern that Bill 94 has changed its shape in the past two weeks as it has been involved in committee of the whole House. What the public understood Bill 94 to be six months ago tomorrow, when it was introduced—

Miss Stephenson: It was six months ago today, the 19th.

Mr. Jackson: Six months ago today, I am advised; it was on the 19th.

Most of the groups that came forward before the standing committee on social development made some reference, and in some way a positive reference, to a mediation model or recognizing at least the very simple fact that when a dispute escalates to the level that this dispute has, the

government has a rightful role in seeking out a position that is nonconfrontational.

We believe very strongly that our amendment to the bill achieves that. It allows the Premier (Mr. Peterson) the option, even though he says it does not, to deal with the Canada Health Act. Not the prohibition of extra billing but the penalties to the practice do not become absolute and irreversible until April 1987. Clearly, the 90-day time line is not in violation of anything the government has indicated is its primary concern.

2:50 p.m.

In closing, I invite the members of the New Democratic Party to support our amendment in the spirit and tradition they have always set out to be their principles. I ask the members of the NDP to support this amendment on the eve of their perhaps historic, maybe even fateful, congress, which is occurring in the great community of Hamilton this weekend. I ask the NDP to set aside its rhetoric and to support this nonconfrontational amendment.

In doing so, I advise the members that the voice of reason does emerge from the New Democratic Party from time to time; even I am willing to admit that. It was ably and succinctly put by its Health critic, the member for Windsor-Riverside (Mr. D. S. Cooke), on several occasions when the groups in support of Bill 94 came forward and the issue of mediation-arbitration as a package was presented.

I refer to a statement the member made during committee hearings back on March 6. The member for Windsor-Riverside said:

"Would it not make more sense to allow access to binding arbitration to be automatic, after we have gone through conciliation, mediation and a whole process similar to Bill 100, which sets out the parameters for negotiations for teachers? That kind of a process might make sense. As a final resort we would have binding arbitration, but either party could request it."

The deputant at that time responded very shortly, "You are not suggesting the right to strike would be removed for this particular group?"

The member for Windsor-Riverside stated: "They," the doctors, "do technically have the right to strike. However, we are not going to be coming to grips with that in this committee. I am not sure I would want to see doctors have the right to strike. But I am looking at a negotiating process in how we ultimately get to some third-party resolution if they cannot come to a negotiated settlement, even with the assistance of a conciliator or a mediator."

That is quite unusual. We have references by my friends from the New Democratic Party that even they admit doctors may have certain rights in this province. More important, they themselves are on record as suggesting that third-party resolution is ultimately a better route to go, a better course of action, a better stance of leadership in these difficult times. They have even called for the assistance of a conciliator and a mediator as a possible mechanism by which this can be achieved.

We know they are in a difficult position with their principles, but we implore them to treat seriously this very simple but, we believe, very effective and necessary dose of legislative medicine, which will help turn the tide of the dispute that has come across our entire province.

I remind the members of this House that this amendment specifically says, "The mediator shall bring the parties together to develop and recommend the structure of the relationship between the government and the physicians in the delivery of health care in Ontario."

I believe fundamentally that we are not far from agreement with our doctors. I believe the gap is not as significant as the media and certain political parties would have the public at large believe. We know that through the Ontario Medical Association, the doctors have agreed to the terms of an agreement, if this government will at least listen and be open, that would allow for the complete elimination of the practice the government finds so offensive, for all citizens over the age of 65. It would call as well for certain guarantees for emergency services. It would provide assurances for patients who are receiving any form of financial assistance in this province. It would also agree to a formula that would allow a patient access anywhere in Ontario to a free choice for an opted-in or opted-out physician.

I am stressing the point that a mediator would not have to move the parties far to seek an amicable and peaceful resolution. We believe that even when this bill has been approved, this model would allow the Premier this option to bring in a mediator.

It is unfortunate we have a Premier who has not learned the lessons of history, that when dealing with a public trust one does not take a hard position because one cannot move to a softer position. It is unfortunate the citizens of my community in Burlington and the citizens of Ontario are having to learn this lesson of lack of mediation and nonconciliation and pro-active confrontation.

I implore the members on my left, based on their statements, to support our amendment to section 5a, which would call for an immediate mediator.

Mr. D. R. Cooke: On a point of order, Mr. Chairman: I wish to announce that the Solicitor General (Mr. Keyes) has just become the proud grandfather of a nine-pound grandson. The baby was delivered by the chairman of district 9 of the Ontario Medical Association.

Mr. Brandt: On the same point, Mr. Chairman: On behalf of our party, I would like to extend very best wishes to the new grandfather. We trust the child will be raised in a manner that is in keeping with the type of philosophy we have on this side of the House.

Mr. Jackson: I have completed my remarks, but I extend my congratulations as well. Having become a father recently myself and having enjoyed the excellence of the health care profession in this province in the delivery of that child, I know that today we agree on that point. Congratulations.

Mr. Chairman: Does the Solicitor General have anything to add to this point of order?

Hon. Mr. Keyes: I want to assure the member for Sarnia (Mr. Brandt) that the debate here today prevents me from being in his fair city tonight to deliver a magnificent speech on many other factors. I accept his congratulations today and those of the other members and assure the members that Dr. Pancham said to my daughter there was no problem; he had to be here in Toronto yesterday for very important business, but he would do a delivery today, which he has now brought about in the past few moments.

3 p.m.

Hon. Mr. Nixon: On a point of order, Mr. Chairman: I would ask the permission of the House to revert to motions.

Mr. Chairman: I am sorry; we are in committee of the whole House.

On motion by Hon. Mr. Nixon, the committee of the whole House reported progress.

Hon. Mr. Nixon: Mr. Speaker, I request permission of the House to revert to motions.

Mr. Speaker: Is there unanimous consent by the House?

Agreed to.

MOTIONS

TIME ALLOCATION

Hon. Mr. Nixon: I have two motions. Perhaps I should indicate the gist of the motions.

If the motions are agreed to, it will permit the House to sit beyond 6:30 tonight. It will also order the business so that all the debate and votes pertaining to Bill 94, the bill which bans extra billing, will be concluded by one o'clock tomorrow afternoon.

Mr. Speaker: Hon. Mr. Nixon moves that notwithstanding any order of the House, the consideration of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act, by the committee of the whole House be concluded not later than 6:15 p.m. today, at which time the chairman shall put all questions necessary to dispose of every section of the bill not yet passed, and to report the bill, such questions to be decided without amendment or debate; should a division be called for the bell to be limited to 10 minutes;

And that the Speaker put the question for the adoption of the report forthwith without amendment or debate, and if a division is called for, the bell to be limited to 10 minutes;

And that the bill be called for third reading immediately after the adoption of the report and that the debate thereon be concluded not later than 1 p.m. on Friday, June 20, when the Speaker shall interrupt the proceedings and put the question, without further debate, and if a division is called for, the bell to be limited to 10 minutes;

And that in the case of any division in any way related to the proceedings on this bill prior to the bill being read the third time, the bell be limited to 10 minutes.

Is it the pleasure of the House that the motion carry?

All those in favour will say "aye."

All those opposed will say "nay."

Mr. Harris: Hold it. Is there no debate on this motion?

Mr. Gillies: Of course there is debate on the motion.

Mr. Speaker: Order.

Mr. Gillies: It is the intention of the official opposition to say a few words of debate about this motion before it is put to a vote.

I will say first, as many of my colleagues have said during the debate on Bill 94 itself, that the situation to which we are brought today is for no other reason than the horrible mishandling of this issue by the government, by the pigheaded attitude of the Premier (Mr. Peterson), by his unwillingness over a protracted—

Mr. Polsinelli: On a point of order, Mr. Speaker: The honourable member has definitely used unparliamentary language. He should stick to the rules of this House and the traditions that have been established here.

Mr. Speaker: Order. It is somewhat abusive and insulting language.

Mr. Stevenson: It is true.

Mr. Speaker: Order. Was I correct in hearing the member say pigheaded?

Mr. Gillies: I said pigheaded.

Mr. Speaker: Will the member withdraw that?

Mr. Gillies: I will withdraw it. However, in so doing, I will say this to the honourable member—

Mr. Speaker: Order. I understand the member withdrew it. Will you please continue with the debate on the motion?

Mr. Barlow: On a point of order, Mr. Speaker: I recall very distinctly when I was chairman of a committee about four years ago the member for London Centre (Mr. Peterson) came in to the committee and called me pigheaded. He was not asked to withdraw it at that time.

Mr. Speaker: Order. The honourable member is referring to something that took place quite some time ago. Will the member for Brantford please continue with discussion on the motion?

Mr. Gillies: I will indeed speak to the motion. In speaking to the motion, in the context of the interjection by my friend opposite, in recent weeks the members of the opposition have endured every conceivable insult from the Premier and the ministers of this cabinet. One has to have a pretty thick skin in this business, and if my friend cannot take the heat, perhaps he should get out of the kitchen.

I do not hop up and down like a jack-in-the-box every time the Premier calls me sleazy or a guttersnipe or anything else. I do not think it is worthy of attention and neither should he. That kind of conduct is all the worse coming from the leader of the government, the Premier of this province. If he thinks it does him any great service in this province, he is wrong.

In speaking to this motion, I want to indicate that our party will be opposing it. We feel the current situation has been brought about by the mishandling of this issue. This government has refused to consider the very constructive options put forward by the leader of my party that could have averted the necessity for this motion, could have averted the doctors' strike and could have

averted the chaos we find our health care system in today.

For weeks, we have been asking whether this government would take the rudimentary and, one would think, the more than reasonable steps of calling off its current battle with the Ontario Medical Association and of appointing a mediator to see whether there was common ground and whether there was any way this crisis could be averted. The Premier has repeatedly failed to listen to the arguments put by the leader of my party. He has refused to listen to reason, and so we find ourselves in a situation where doctors are on strike and emergency wards of our hospitals are being closed, where further and more drastic actions are being heralded by the medical association and where the government ploughs on none the less.

For the record, and in the context of this motion, I think it well to read a communication put before every member of this assembly today by the Ontario Medical Association. It is dated June 19 and reads:

"Dear Member of Provincial Parliament:

"It came to our attention earlier this morning that some MPPs have not been made aware by the party leaders of the OMA's latest position at the bargaining table with the Peterson government.

"On behalf of 17,000 doctors and eight million Ontarians, we appeal to you to read the enclosed document detailing such a position."

Lest there be any misconception by the members of this House and the people of this province about the position of the OMA, perhaps it should be reinforced right now. I quote:

"Concessions Offered by OMA to Government in Context of Bill 94 Dispute:

"In discussions prior to and since the introduction of Bill 94, the Ontario Medical Association has offered the following in an effort to reach an acceptable compromise:

"1. No patient over the age of 65 would be charged more than the OHIP rate.

"2. No patient receiving treatment of an emergency nature would be charged more than the OHIP rate.

"3. No patient receiving financial assistance from your government would be charged more than the OHIP rate.

"In a further effort to honour both your concerns and ours, we offered to work with government to guarantee that every citizen of Ontario would obtain medical services from an opted-in physician or from an opted-out physician, at the choice of the patient."

3:10 p.m.

I happen to believe those concessions are reasonable and fair. I believe the concessions would address the problem or the perceived problem, as a result of which the government has introduced Bill 94 in its misguided attempts to come to grips with what it sees as a crisis.

As far as we can see, as members of this assembly who talk to our constituents on a regular basis, the crisis is here not because of extra billing but because of the determination of this government to win a political victory over a significant group of professionals in this province.

With that background, we have tried to make reasonable amendments. My colleague the member for Lincoln (Mr. Andrewes) has worked hard and diligently for weeks with the able support and advice of members such as the member for York Mills (Miss Stephenson). Who in this assembly would we dare to say knows more about health care in this province and the requirements of our people in terms of their health care than the member for York Mills? These people in our health care system, learned, caring and knowledgeable as they are of the needs of our people, say Bill 94 is wrong. It is the wrong approach. It should not have been pushed this far by the government, yet here we are.

Now we are faced with a closure motion; now we are faced with the guillotine. I look at some of the past arguments made by members of the Liberal Party and the New Democratic Party about the arbitrary and undemocratic nature of closure, about the throttling down of parliament. If the members of the third party vote for this motion, they should have very red faces indeed because of their about-face, their inconsistency and their absolute bafflebag after years of prattling about this sort of motion.

I have to quote some references to closure motions in the past. In December 1982, the leader of the third party said, "No minority in this parliament, no opposition party in this parliament, can ever give up its right to convince the majority that it just might be wrong, for all its smugness and for all its self-assurance that this kind of resolution is perfectly in order because it was typed in time and handed in on time," etc.

The leader of the third party, the member for York South (Mr. Rae), with all the powers of persuasion and all the eloquence that is so often at his disposal, speaks about a minority of parliament being brought to heel by the majority with all its smugness and all its self-assurance. For once in my life, I agree with the member for York

South. The minority view in this parliament, which to quote the member for York South just might be right, is being brought to heel by the majority of this parliament with all its smugness and all its self-assurance.

There are other instances when we as the governing party had to endure the concerns of members of the opposition parties, as they were then, about closure motions. I remember the long and angry debates that took place at that time. I remember the efforts of both the Liberal Party and the New Democratic Party in their turn and in their time to frustrate the will of parliament. I remember the efforts to prolong time allocation and closure motions through procedural tricks in the past.

On behalf of the official opposition, I want to indicate it is not our intention to indulge in any procedural tricks at all. For days, our approach in this debate has been to try to convince the government of the wisdom of our suggestions by reason. Unlike the Liberal Party, we will not be leaving the members of this assembly hanging around the building all weekend while the bells ring. Unlike the New Democratic Party on Bill 141, we did not come in here and read from the government phone directory.

Mr. McClellan: Neither did we.

Mr. Gillies: Oh, yes. I remember the debate well and the members who used the directory.

We did not frustrate the will of this parliament by any procedural trick. We tried to use the weight of reason and rational argument to convince this government of the wrongness of its course. It would appear that the government is determined none the less that it must proceed.

The Progressive Conservative Party will be voting against this closure motion. The Progressive Conservative Party regrets that the government of Ontario feels it must come in with such an undemocratic measure, described in its time by the member for York South as smug and self-assured. We regret that, but we will not try to frustrate the will of this parliament by procedural tricks. If our efforts to persuade the government by reason have failed, then so be it.

Lest the government think we will forget this day, lest the government feel we will forget the first day it came in here—a government appointed to office, not elected—and ground the members of the official opposition and their right to speak in this assembly into the floor, I say to my friend the government House leader, we will not soon forget that. We will not forget it at all.

Mr. D. S. Cooke: I am going to be very brief.

Mr. Davis: That ought to be hard for the member.

Mr. D. S. Cooke: It is something those characters could learn on this particular bill. For three weeks we have been dealing with this issue in clause-by-clause. For three weeks there have been \$1.1 million a week of extra bills and a strike by the Ontario Medical Association that has been aggravated by the Progressive Conservative Party of Ontario.

Interjections.

Mr. Speaker: Order. I must remind the members that interjections are out of order. If the member is going to point his finger, would he point it, as well as his remarks, at the Speaker.

Mr. D. S. Cooke: A short examination of what has happened during the last few weeks is in order.

I want members to recall some of the votes we have had in this Legislature and some of the motions we have been debating. We have been debating for hours and days points such as how many people should be on the appeal board set up under Bill 94, whether the current appeal board should be extended from having nine or some other number, and absolutely silly questions from every single member of the Conservative caucus who was in this House about what kind of people are appointed, how much they are paid and how many days a year they work. We know that under the former administration the kinds of people who got appointed were those who had PC membership, but under this bill the PCs have frustrated totally the democratic will of this province. That is why, unfortunately, we have to deal with this kind of motion.

The majority of the people in this province want an end to extra billing. The majority of the people of the province are going to see under this motion that this is what is going to happen. There will be a ban on extra billing in Ontario. The whole purpose of the Conservative Party's stalling during the past weeks and months is to defeat Bill 94 and to protect one interest group, the doctors of this province. Our purpose is to defend the patients of this province and to make sure extra billing is banned, and it will be banned.

3:20 p.m.

The member for Essex North (Mr. Hayes) brought this debate back to a little bit of sanity today when he read a statement in the House about a constituent of his in Essex North who has been extra billed by something like \$900. That is what this bill is all about. This bill is to bring back

equal, universal accessibility to the health care system of this province. We will support this motion because the Conservative Party is attempting to frustrate the democratic majority of the Legislature by its tactics in this House, which have been nothing short of irresponsible.

What we have here today is a result of that Conservative Party action. The strike by the doctors that is currently under way in Ontario has been encouraged, continued and extended because the message the Conservatives have been trying to get out of the Legislature to the people and to the doctors of this province is that if the strike has escalated, the bill will be withdrawn. It is now clear the bill will not be withdrawn. The bill will be passed, because we have had to bring in time allocation. We will support the motion because we support a ban on extra billing.

Mr. Polsinelli: I am also going to be very brief on this. I am rising in support of the motion. I am also rising to express my outrage at the continued attempts by the Conservative Party, and I use the term "progressive" loosely, to delay the passage of this bill.

My friend opposite talks about democracy. The Liberal Party, as much as any other party in this democratic country, believes in democracy. If we are talking about democracy, let us look at this bill which was introduced on December 19, 1985, after six months of consultation with doctors, the OMA and members of the public.

Since the bill was introduced, it has had 24 days of debate in the Legislature and 18 days of debate in the standing committee on social development. This bill has been debated and amended in committee of the whole House for more than 20 hours since June 2. Because of the stalling tactics of the Conservative Party, I have been told that it seems as though the bells have rung for more than one half of the time that the bill has been debated in committee of whole House.

I cannot talk about the community of Ottawa West or the community of Brantford or the communities that are represented by the members opposite. I can talk about my own community. My community is sick and tired of further delay. The government's position on this bill is a simple one. Patients should not be required to pay extra for insured services in this province. That is all this bill is going to do, and that is the will of the people of this province. Doctors and patients want this debate ended. Further delay serves absolutely no one and is in no one's best interest.

Enough is enough. Let us finish the debate today. Let us sit all night; let us sit tomorrow if we must; let us get this bill through. The people of Ontario deserve nothing less.

Mr. Grossman: I regret that this day, June 19, at exactly 3 p.m., the Liberal government finally was forced to show what its view of power is all about. We can spend a lot of time, and we are going to spend a lot of time, at least as much time as the Premier will allow us, to put forward our very strong views about how this bill is going to harm the health care system. I want to reflect on how we got here. It speaks more to why we end up with closure than anything else.

Mr. Callahan: If it is closure it is not debatable.

Mr. Grossman: This is closure. I want to say to the member for Brampton (Mr. Callahan), so he knows what he is going to have to face in his riding next election, that he is not going to be able to take the position that the people for whom he so proudly stands are a group of people who, like the member for Yorkview (Mr. Polsinelli), believe in democracy.

If the member thinks we made up the word "closure," I want him to look up Erskine May on page 454, where it talks about time allocation, which no one denies this motion is, and refers to it as "the guillotine." Those are not my words; they are the words of Erskine May in his book on Parliamentary Practice.

The member will have to explain to his constituents why his government took not its promise to abolish Ontario health insurance plan premiums, not its promise to do away with the tax on meals under \$4, not its promise to provide pay equity for women, not its promise of a \$100-million job creation program, but its ban on extra billing as the single thing that the people of Ontario voted for that is somehow non-negotiable and must be implemented because it is the view of the people of Ontario.

The member for Humber (Mr. Henderson) shows that not all the people in Ontario believe that is what they voted for, nor did any of them require that the government heavy-handedly push through this piece of legislation while ignoring all the other problems out there and all the other promises.

Let us talk a little bit about the history, because it speaks eloquently to why we are facing a closure motion. The government that came into office was appointed to office in June 1985 and introduced this bill not during the fall session for some debate on second reading and thought, but on December 19, 1985, right at the end of the fall

session; not to allow some discussion or dialogue, but right at the end so the Liberals could go home for Christmas and list a whole number of things they had put on for first reading.

What happened between June 26 and December 19, 1985? Was there discussion with the doctors about accessibility, an indication to the OMA that accessibility was non-negotiable and that full accessibility had to be provided for every patient to every doctor or extra billing would be banned? Was that discussion held?

The Minister of Health (Mr. Elston) will have an opportunity between now and tomorrow to stand in his place and say, "Yes, we invited the OMA to satisfy us that there was a fully accessible system." He cannot say he did that. No, that did not occur between June 26 and December 19, the date on which the minister stood up and introduced a bill and then the government said, "Let us go home for Christmas," and we went.

The bill got second reading and went to committee. Did the Liberals get impatient with clause-by-clause study in committee? Yes, they did; and they jumped it back into the House. Did they decide to let the parliamentary system work, even though it is inconveniently slow for the Premier of this province? No. They said, "Let us pull it back into the House." Mr. Peterson's fuse was getting a little short. He was fed up with the heat he was taking out there, which was a lot worse than he thought.

They said, "Let us ram it out of committee and let us get it back into the House." They stood down other important legislation. Bill 30 was shoved aside, the bill the Minister of Education (Mr. Conway) said was such a priority and had to be put in place. No, not for the impatient Peterson, who said, "We will set that aside, get Bill 94 out of committee and put it into the House."

Let us talk about the impatient bully, David Peterson, during the negotiations.

Mr. Speaker: The reference should be to the Premier.

Mr. Grossman: It is not adequate for the Premier to stand in his place and say he had negotiations. No one in the OMA will say that the bill to ban extra billing was being discussed. Other things were being discussed. What was being discussed? The Minister of Health went to small communities throughout this province and said: "You know your hospital wing? You know the chronic care beds that are not here? If we get that \$50 million from Ottawa, your hospital will be built here with that money."

Let me tell members what was happening at the negotiating table. In writing, on paper, this same government at the same time said to the doctors: "If you will sell out your principles, if you will sell out what you believe in, if you will sell out your independence and your freedom, we will take that \$50 million and hand it to you. We will hand it to you under three different, separate funds; but here, it is all your money."

3:30 p.m.

That was the money the Minister of Health was promising to small communities as he tried to scare people into believing that Bill 94 was somehow the key to getting their hospitals built. That was the most cynical exercise I have ever seen, while the real Minister of Health was conducting the negotiations and writing that cheque, offering all that money to the doctors of this province in a crass attempt to buy them when their principles were not for sale.

Those negotiations were not finally terminated by the Ontario Medical Association which said this afternoon, yesterday at its council meeting, a week ago at its council meeting and every day that it wanted further negotiations. It did not end the negotiations.

Mr. Haggerty: They have been negotiating since 1982 and the member knows it. He had that problem. He should not tell us this. He should be honest and put it all out.

Mr. Grossman: Yesterday that member's doctors in Erie said the strike would end if the government would enter into negotiations.

The Minister of Health was on television with Dr. Railton. He was asked by Denise Harrington what it would take to end the strike. The answer was not that the Premier should abandon his principles. It was not the complete withdrawal of Bill 94. It was not that the federal government should revoke the Canada Health Act. He certainly did not say it would be the passage of Bill 94. It was none of those things. What he said was that the government should enter into meaningful negotiations.

Those words will stand for ever outside the emergency wards that are locked. Those words will stand for ever and be etched in the minds of the patients who have had cancer surgery cancelled and who have had open heart surgery cancelled for weeks and months. Those words should stand in their minds for ever. All it takes, Dr. Railton says, is for the government to enter into meaningful negotiations. The government will not do it.

The history of this bill is six months of nondialogue, with a late introduction prior to

adjournment at Christmas, no significant negotiations, a misleading set of circumstances when they promised money to doctors, the hoisting of the bill out of committee because they got impatient with a democratic procedure and worried about the public reaction and the doctors' reaction; and finally, the bringing of the bill into the House.

Mr. Polsinelli: It has had 20 hours in the House since June 2.

Mr. Grossman: As the member for Yorkview has just said, it has had 20 hours in the House since June 2. Imagine that: 20 hours of debate on the most important piece of legislation to impact the health care system. Twenty hours is too much for the Premier. Let us be clear. Twenty hours of debate on a bill the government forced back into this House was far too much for the Premier of this province. Negotiations were far too much. The prospect of appointing a mediator, which is the only thing that will end this strike, is too much. Why is it too much?

Just as the Premier cannot tolerate the fact that someone other than he is able to control and influence the debate in this House, he is equally irritated by the fact that perhaps a mediator will come in and someone other than the Premier will have some impact on Bill 94. He finds that he somehow cannot tolerate that thought. He somehow cannot accept the reality that leadership is not dictatorship.

He is going to dictate the speed at which the bill goes through the House. He is going to dictate how long the committee will deal with the bill. When he is tired of it, it will come out of the standing committee on social development and into the House. When he is tired of the debate, when he is worried about the confrontation in society, about closed emergency wards and cancelled surgery, when he is worried that his collar is getting too tight because he is in way over his head and there is a massive over-reaction, then he will decide that he has had enough.

How does he solve the problem? It is not by calling people in. It is not by saying, "Let us cool it for a few weeks." It is not by saying, "Let a mediator see whether he can do better than I did." To the Premier of this province, no one can ever do better than he can. He cannot tolerate or accept that thought.

What is his response? His response to the medical profession is this: "I kicked you down four stairs last December when I introduced legislation without discussion. I kicked you down four more stairs when it came time to have

negotiations. I got tired and I ended them. I kicked you down four more stairs when I said I was tired of the social development, so get up into the House and we will do it in the House."

Now there are four more stairs left and he is going to kick them all the way down the stairs. Every time he has kicked the doctors a little farther down the stairs, he has said to the public: "Do not worry. I can kick them as hard as I want, but I do not think they will react." Every time he has kicked them and insulted them, they have reacted. Mr. Speaker, they have reacted as you would, as lawyers would, as teachers would, as plumbers would and as office workers would. They have responded as proud individuals, as citizens with some rights in this province. I have believed they had an option at all times as to whether they wanted to be tied up and to work for one employer or not, but not to this government.

They reacted every time they were kicked down four more stairs and now the Premier, in a determination to get them all the way downstairs, has kicked them into the cellar. He says again to the public, "Not to worry; I can kick them all the way down and nothing will happen." Every time he has kicked them, they have kicked back.

As the government pushes through this closure motion, I want to say it is precisely consistent with the dictatorial attitude of this Premier. He is fond of standing up in this House and giving us lectures about leadership, "You cannot bend in every breeze." Perhaps in London he thinks it is just a breeze that is happening out there, but I know the people in London. I know the fine doctors in London and I say to all the members from London that I know they are as worried, as scared, as anyone else in the province. This is not a breeze. If the government whip wants to go to London and say his leader felt this was just a breeze, then I will be into his riding to talk about this breeze next time and he can defend guillotines and he can defend his leader saying, "It was just a breeze out there."

Leadership is not a question of bending to the breeze. Leadership is a question of being able to get where one wants to go by bringing the public along. Leadership is a question of keeping peace and harmony out there, a social compact if we want to have it.

Dictatorship is to say, "I have the votes and it is going through." Dictatorship is to say, "You have until tomorrow afternoon at one o'clock and the bill is going to pass." Dictatorship is when he says to doctors: "It is going to be my way. The fines will be what I say the fines are." Dictatorship is when he says, "You are all going

to work for the government." When the OMA says, "You will soon be telling us how much to bill and where to work," like every dictator—can you believe it?—the Premier says, "Trust me." That is what he says to the doctors.

I will read some words from the current government House leader when he was serving as opposition House leader. The occasion was February 15, 1983. He said, "There are those...who felt that the delay in the passage of that particular bill might have...forced the government to at least move some form of closure, abhorrent though I personally found that and continue to find that to be." It is not very abhorrent to the Treasurer (Mr. Nixon) and the Premier when they are in the powerhouse, when they are in control.

3:40 p.m.

Let us be clear, he was not alone. The present Minister of Education, the member for Renfrew North (Mr. Conway), said in that same debate, "...we are now faced with the iron heel of a majority government which is forcing a bill of great sensitivity and import through this House in what are, apparently, the dying days of this winter session."

Twenty hours of debate in committee on a bill that is going to change the entire shape of health care in this province is not too much. There was one chance only to get the doctors back to work and this Premier is too proud, too tough, too full of power to take that chance.

In winding up my contribution, I say to him that closure is the ultimate weapon. The member for Yorkview had the gall to say a moment ago that he represents a party that believes in democracy more than any other. He represents a party that has introduced closure of debate, federally and provincially, far more than any other party in the land. We have the list. There is nothing new about closure to the Liberals and there is nothing new about impatience, intolerance and bully tactics to the Premier of this province.

I say, on one of those rare occasions when a member of an assembly says something he believes to be true but hopes to be wrong, I hope I am wrong. The one thing that will work is mediation. For the Premier to play brinksmanship, to play tough guy, to play a game of emergency ward chicken with the Ontario Medical Association is very high stakes. No one can deny the fact and I know the Premier does not deny the fact. One can look at the faces of the government members. They remain concerned, worried and, yes, some of them are frightened.

They cannot deny the fact that they do not know what is going to happen after Bill 94 passes. They know they do not know. They know they are worried about what will happen after Bill 94 passes.

I hope I am wrong. The OMA has indicated that things are going to get worse. They have given their president the authority to make them worse, and I hope and pray I am wrong when I say that is a real possibility. There is only one certainty: The government will have to acknowledge there is a real possibility that they are wrong and we are right, that the OMA may make it worse after Bill 94 is passed. They at least have to acknowledge the possibility.

The one thing that is certain is that if the Premier of this province has the maturity to pick up a telephone, call the OMA and say, "Will you participate in a mediating process or will you just entertain more negotiations?" the strike stops, operating rooms open tomorrow, parents can take their children into emergency wards and get them looked after, open heart surgery proceeds and cancer tests and treatment proceed. That is the only certainty.

Of course, it is high stakes with democracy when one brings in closure this way; we all know that. More important than that, it is high stakes when one gambles that closure, pushing through Bill 94, will stop the strife out there. There is only one certainty today. The one certainty is that the only option that would certainly have ended the strike has been smirked at, winked at and refused by the Premier.

In closing, let me say that this party has been outraged by the handling of this bill. This party has been outraged at the crude way in which the Premier and the Minister of Health have treated the medical profession. This party has been outraged at the failure to enter meaningful negotiations. This party has been outraged at the attitude displayed in this House in the midst of a most serious crisis. This party has been outraged by the Premier talking about the health care system being inconvenienced when there is real strife out there and real problems out there.

This party is outraged but not surprised at the final nail in the coffin. That final nail was struck by the government House leader on behalf of the Premier, who has the nerve and the gall this afternoon to be celebrating the opening of a hospital project he had nothing to do with, where he will be basking in someone else's glory while the health care system is threatened, while emergency wards are closed and while this

government deals the final, tough, mean-spirited blow to the medical profession.

Mr. South: On a point of order, Mr. Speaker: I do not think any emergency wards were closed in this province.

An hon. member: This is nonsense. The member should sit down.

Mr. Davis: Where did they find the member? Under a rock?

Mr. Brandt: That shows how much he knows about what is going on.

Mr. Speaker: Order.

Mr. Grossman: As the government House leader knows and as our party has been reminded by the government and the third party on many occasions, they have the votes. We know that. We know they enjoy it. We know our friends to the left particularly enjoy it. They have the votes and they will have their way. For our party, we will fight the bill. We will fight closure. We will support what I expect to be the next motion of the government House leader to sit all night, not because we enjoy that, not because we look forward to it, but because we believe we must take every opportunity, use every minute he will deem to allow us, to fight this legislation.

We see now that we will lose. We see the attitude that might is right and that power and votes count for everything. Most of all we see the difference this afternoon between real leadership and real dictatorship. It is a sad day for the doctors, the patients and the citizens, and a sad and a crushing day for the Ontario government and another kick for democracy for a government that celebrates one year in office with closure in the House, closure in the hospitals and insults spread throughout the province. Crisis, insults and closure; that is the main theme of this government. It is a black and dark day. We regret it.

The government will have its way. It will have its closure. It will have its bill. We will have our principles. We will stand up and be counted for the citizens. We will face the tough politics and the government members will face their guillotines, their closure motion, their insults and the strife and war that they have created in the health care system. We will talk about it in every riding of the province. Let this hang around their necks together with the strife, closure and crisis. It looks ill upon them. We walk out of this House with our heads held high. They bow theirs.

Mr. Polsinelli: On a point of order, Mr. Speaker: may I comment upon the remarks made

by the previous speaker, or does that not apply in this situation?

Mr. Speaker: If you read the new provisional standing orders, you will see that is in other debates and not on motions.

Mr. Polsinelli: Thank you for that clarification, Mr. Speaker.

3:50 p.m.

Mr. Rae: I will be very brief. We stand at a very special time. It is a difficult time in the life of the province. There are some principles I hope still stand out.

The first is that health care and the health care system do not belong to the doctors. The health care system does not belong to the nurses; it does not belong to the dietary aides; it does not belong to any one group in the system. The health care system does not belong to the Tory party; it does not belong to the Liberal Party; it does not belong to the New Democratic Party.

The health care system of this province belongs to the people of this province. That is the principle that moved our party 50 years ago to begin the fight for universal health care. That is the principle that took the courage that led Tommy Douglas to bring in health care insurance for the first time in Saskatchewan.

We in our party know the cost, the difficulty, the challenge and the vested interests that were there when medicare was first introduced. We know the position the Canadian Medical Association, the Ontario Medical Association and, yes, the Conservative Party took when it came to the introduction of medical care, when it came to ensuring that everyone would have access.

Now we are taking this next step. The Premier said it has taken a year. It has not just taken a year; it took the biggest petition campaign ever launched in the history of this province, by the New Democratic Party, against extra billing. It took a major campaign following on from the 1981 election right through the period of the Davis government, when we brought up case after case.

It took the conversion on the road to Damascus by my friends opposite, who in 1982 or 1983 were saying it is a safety valve, and then they had a caucus meeting. We all would have loved to have been flies on the wall in that caucus meeting. The leader of the Liberal Party came out of it and said: "We have changed our position. We have changed our minds. Now we recognize that extra billing is a problem."

We went into the election campaign. Our party campaigned on that issue from one corner of the province to the other. We came out of that

election campaign with 25 seats. We signed an accord with the Liberal Party insisting that it live up to its conversion and that it do the decent thing for the people of this province.

Just today my friend the member for Essex North raised the case of somebody being extra billed for \$1,200. I say to my friends in the Conservative Party and the Liberal Party, this debate has gone on for 42 days. It took six months for the Liberal Party to get up its courage to bring in the legislation, which is mild compared to the fact that it was in 1919 that the Liberals originally embraced the notion. What is a mere 65 years finally to get this thing through?

The House has been debating this matter for 42 days. We are not in the middle of an ordinary debate; we are not in the middle of an ordinary time. We have doctors who are licensed to practise in this province who say, "Oh well, we will have ambulances driving up to the front door and funeral directors at the back door." Somebody licensed to practise in a public hospital is seriously putting that forward as his expression of what public policy in this province should be.

We had a pregnant woman having a miscarriage who was told at a hospital: "I am sorry. You will have to go. Your bleeding is not sufficiently serious for you to stay here." These are not ordinary times, and this is not an ordinary issue.

There are those who say, "Mr. Rae, you cannot say you think the doctors should be working, because you have always opposed back-to-work legislation for nurses and other people." Let me make this very clear: no nurse, nursing home worker or dietary aide practising in this province, no one working in a kitchen of a hospital, has ever suggested for a moment that his or her group somehow has a unilateral right to shut down the whole health care system. Not one of them would and not one of them has. It has never been put forward as a proposition by any of their leaders or by any of their unions, not one.

Miss Stephenson: That is not true.

Mr. Rae: There is not a dispute.

Miss Stephenson: On a point of order, Mr. Speaker: To be factually correct, employees of a hospital in this city did attempt to shut down a hospital within the past decade.

Mr. Speaker: That is a point of view; that is not a point of order.

Mr. Rae: I do not mind the member for York Mills getting exercised, but I say to her there has been a basic tradition in our party of which I am very proud. When government acts in ways that are draconian and completely unfair, such as a

back-to-work order from the Tories two weeks before a strike was ever even anticipated, as they did with the Toronto Transit Commission workers before Pope John Paul was to come—

When it comes to health care, my view is that no group in the health care system has a right to shut down the whole system. I do not care what group it is, and I have said this to every union. Inconvenience in order to exercise one's right to withdraw one's labour is something that can be discussed. It can be discussed with the OMA. If they want to have a serious discussion about the future of industrial relations in this province as it affects the health care system, I will be proud to have that discussion. I have tried to have it on several occasions with the leadership of the OMA. They are not interested. They say, "We are not a union, we do not want to be treated like a union and we do not want to be part of this."

As a Legislature, we have a very difficult choice. We are facing a situation today where the leadership of the OMA says, "If they shut down an intensive care unit, that is not what we are authorizing, but if that is what they decide to do, it is okay with us." This is leadership? This is the definition of people taking responsibility for the actions of their members? If any elected union official were to do that, he would be decried by every labour relations board in the land.

We know precisely what would happen. We know precisely what steps would be taken. They were taken. They have been taken. To those who say, "You cannot touch the medical profession because it is different," we only say no one in this province is above the law. No one in this province is above the rules. Everyone has to play by the same rules. If health care does not belong to the medical profession and does not belong to Joan Atkinson, Joan Charboneau or Ed Moran, it belongs to all citizens in this province who want to make use of that system because they are sick. That is who it belongs to and not to the OMA.

We are faced with a choice today. I take pride in the fact that we have consistently been the ones to say to the Liberal Party, "This is the next step you are going to have to take." If this is what it takes to get the bill through, then we are prepared to see that gets done. If at the end of the debate tomorrow we have the completion of third reading and if at the end of third reading we have proclamation, which I am also assuming is going to take place, it will be a historic day in the life of this province.

It will be a step which finally states that health care is not a business, health care is not a commodity, health care is not for sale and health

care is not for private profit. It belongs to all the people who need it because they are not well and because they need the ministrations of a doctor, nurse or any other professional working in the system. That is why we are going to support the resolution moved by the government House leader today.

4 p.m.

Hon. Mr. Nixon: I do not use the word "abhor"—it does not sound appropriate—when I say I am uncomfortable in putting forward this bill. The Leader of the Opposition (Mr. Grossman) is correct in his quote. It does not make very much difference that I was on the opposition side when I said the words quoted. I can recall three fairly recent occasions when time allocation, a type of closure, was put before the House by the government of which the Leader of the Opposition was a part. I can remember being very concerned that the opposition had not had sufficient time to contribute to the debate.

There was, however, an understanding that these motions are part of the parliamentary procedure and part of the rules of this House. Perhaps they have been used more than they should have been, but in this instance the government is convinced that its policy is correct. We do not see how we can negotiate the matter further. It is time the democratic process is brought to bear and the members are asked to vote on the bill.

The Leader of the Opposition has referred to the inadequacy of 20 hours of committee review in this House. Not that this justifies the actions, but he must surely recall that on at least three occasions the former Conservative government brought in closure much sooner than this motion before the House.

It is not worth spending a lot of time on this, but as justification for myself as House leader and for my colleagues, I remind the Leader of the Opposition and other members that in 1982 the total time spent on Bill 179 was 123 hours and 21 minutes, with seven hours in committee of the whole House. In 1983, 96 hours were spent on Bill 127, with 13 hours in committee of the whole House. On this bill, there has been a total of 147 hours: 36 1/2 hours on second reading; 63 hours and 27 minutes in the standing committee, and 26 hours in the committee of the whole House to date. Since the Leader of the Opposition used that number as something that ought to embarrass us, I ask that it be compared with the 13 hours and the seven hours on the bills that have been referred to in that brief statistical review.

I agree that these numbers do not mean anything other than that I believe I can say as House leader to anyone who questions me that this motion has been brought to the House only after there has been ample review of the principle and the details of the bill. All professional organizations and most individuals who wanted to express their views had every untrammelled opportunity to do so. The bill now has been before the House for amendments for almost 27 hours. In my opinion and in the opinion of the government that is presenting this motion, any further extension beyond the limits of this motion would be unreasonable.

I am not among those who believe carriage of the bill will end the strife in the provision of medical services. I am not naïve. However, I do believe the doctors and the citizens are looking for firm action by this government. The Premier has repeatedly risen in his place and indicated without equivocation that we intended to proceed with this bill. This motion simply means we are keeping our promises put to the people in the election more than a year ago.

We have undertaken to meet with the representatives of the OMA through a variety of cabinet ministers and other procedures. It appeared that while there was an exchange of views, there was no agreement to an alternative to this bill. In my own view, and I state it personally, I do not know how one can mediate or argue about a bill that ends extra billing.

It was not put to me today, but it is true that the Liberal Party's strong position on this, presented to the people of the province last year, is one that was not advocated by me when I was the leader some years ago. I say in defence that since that time the Parliament of Canada, by its unanimous vote, as far as its powers go, has outlawed extra billing in this country. Any province that persisted in allowing extra billing was penalized on a formula. This may not be precise, but it reduces the transfers from the government of Canada to the government of Ontario by just over \$50 million a year. We can argue that this is an insignificant amount of money since we are allocating about \$10 billion this year, a full third of the province's budget, to the provision of health care, hospitals, doctors and so on.

However, the \$50 million is a penalty of significance. We now have two years of that penalty being withheld from the Treasury of the province. If we were to proceed with further discussions and all the ancillary approaches that would not settle this matter, which should have been settled previously, there is a real danger that

we would lose penalty moneys. As Treasurer, I have no difficulty whatsoever in defending the importance of those dollars and recognizing that the Parliament of Canada—correct with Liberal leadership but with the unanimous support of the federal Progressive Conservative Party and the federal New Democratic Party—has passed this legislation, which is the law of Canada.

I believe the bill, having been presented by my colleague the Minister of Health before Christmas, and it has been extensively debated for the hours I have indicated, should come to some finality. We are indicating that the debate can continue if necessary, and it seems unreasonable to me that it would be necessary, until one o'clock in the afternoon tomorrow.

The Leader of the Opposition is correct when he indicates I have a second motion, which would mean that the House can continue past the regular adjournment time of 6:30 p.m. this evening. That means there is a limit on the debate, but it is a tremendously extensive limit. It is almost an unreasonably large limit, but we are quite prepared to listen to the views of the members.

With the passage of this motion—and I strongly recommend that it be passed—the debate will end no later than one o'clock tomorrow afternoon with the opportunity given to vote on all provisions leading up to third reading. In order that there is no misunderstanding, the provisions of the motion also require that the committee report passage at the committee stage by 6:15 p.m.

With that explanation, which I believe is sufficient and valid and I hope is compelling, I ask that the House now approve this motion.

4:36 p.m.

The House divided on Hon. Mr. Nixon's motion, which was agreed to on the following vote:

Ayes

Allen, Bossy, Bradley, Breaugh, Bryden, Callahan, Caplan, Charlton, Conway, Cooke, D. R., Cooke, D. S., Cordiano, Curling, Elston, Epp, Ferraro, Fontaine, Foulds, Fulton, Gigantes, Grier;

Hart, Hayes, Johnston, R. F., Kerrio, Keyes, Knight, Kwinter, Laughren, Lupusella, MacKenzie, Mancini, McClellan, McGuigan, McKessock, Miller, G. I., Morin, Morin-Strom, Munro, Newman, Nixon, Offer, O'Neil;

Philip, Poirier, Polsinelli, Pouliot, Rae, Ramsay, Reville, Reycraft, Riddell, Ruprecht, Scott, Smith, D. W., Smith, E. J., Sorbara, South,

Swart, Sweeney, Van Horne, Ward, Warner, Wildman.

Nays

Ashe, Baetz, Barlow, Bennett, Brandt, Cousens, Davis, Dean, Eves, Fish, Gillies, Gordon, Gregory, Grossman, Guindon, Harris, Hennessey, Jackson, Johnson, J. M., Lane, Leluk, Marland, McCaffrey, McCague, McFadden, McLean;

Mitchell, O'Connor, Partington, Pierce, Pollock, Rowe, Runciman, Sheppard, Shymko, Stephenson, B. M., Sterling, Stevenson, K. R., Taylor, Treleaven, Turner, Villeneuve.

Ayes 64; nays 42.

ADJOURNMENT TIME

Hon. Mr. Nixon moved that, as provided by standing order 3(c), the House shall continue to sit today beyond the normal adjournment time of 6:30 p.m.

Motion agreed to.

House in committee of the whole.

HEALTH CARE ACCESSIBILITY ACT (continued)

Consideration of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

On section 5:

Mr. Chairman: Order. If you are leaving the chamber, please clear the chamber now. Somebody will likely wish to speak.

When the committee rose and reported, we were on an amendment to section 5, Mr. Andrewes's motion for a new section 5 of the bill.

Mr. Gillies: The members will know that in committee of the whole House we are debating the amendment of my colleague the member for Lincoln (Mr. Andrewes), the excellent Health critic for the official opposition.

Without wishing to repeat the motion, I will remind members, or perhaps inform some members who were not present for the earlier part of this debate at the committee-of-the-whole stage, that this amendment would have three effects.

First, section 5 of the bill, which members know is the part of the bill that stipulates the commencement, as it reads unamended, simply states, "This act comes into force on a day to be named by proclamation of the Lieutenant Governor."

Under the amendment proposed by my colleague the member for Lincoln, section 5 would be amended by adding three features. One is that, notwithstanding the commencement date stipulated by the Lieutenant Governor, the act would come into force 90 days after the parties referred to in subsection 5(2) received the mediator's report, which would be made public within three days of its receipt.

In other words, if the very reasonable proposals put forward by the Ontario Medical Association, which I will review with the House, are not accepted and it is the determination of the government to proceed with Bill 94, notwithstanding those and with the support of the third party, this party proposes to try to ameliorate the effects of it by injecting into this bill a mediation process: "A mediator agreed upon by the government and the Ontario Medical Association representing physicians shall be appointed immediately upon passage of this act."

We want to review the ramifications of this in view of the motion agreed to by the House a few moments ago.

Mr. Chairman: Order. I am sorry. It is most unfair to the member for Brantford. He is really fighting a losing battle against the noise.

Mr. Wildman: There is no question about that. He is fighting a losing battle all right.

Mr. Chairman: Against the noise. The members will please sit down or have their conversations elsewhere. Perhaps they would like to sit beside the person with whom they are conversing.

Mr. Gillies: I know the member for Algoma (Mr. Wildman) did not mean that. I am not unused to losing battles, but I say on this one that if it is losing on the principle of the right of members of this assembly to speak on important legislation, we did lose it; but perhaps we still do not mind, because we were on the side of freedom and democracy. However, I know my friend the member for Algoma was just kidding; so I will not get into it.

In view of the motion recently agreed to by the House, I think the amendment proposed by my colleague the member for Lincoln becomes particularly pointed and appropriate. The determination has now been made by the House, over the objections of our party, that this bill will be rammed through and voted on by 1 p.m. tomorrow.

I ask my friend the minister, whom I believe to be an honourable and reasonable person, can he not see the value of amending this bill such that, on proclamation by the Lieutenant Governor

after passage of the bill tomorrow, a mediator would be appointed? This government would have yet one more opportunity to come to an amicable agreement with the OMA. What could be more reasonable?

The minister could have a vastly improved situation. He has his bill, but he could have a bill that allows one more opportunity for a neutral third party to attempt to bring the two sides together and arrive at a negotiated settlement to the current crisis, the doctors' strike. I ask the minister to think about this. I ask the minister to consider the wisdom of this amendment, particularly in the context of the closure motion with which we are now faced.

The third feature of the amendment of my honourable colleague the member for Lincoln is that "the mediator shall bring the parties"—the government and the Ontario Medical Association—"together to develop and recommend the structure of the relationship between the government and physicians in the delivery of health care in Ontario."

Again, Bill 94 does not address that. Bill 94 does one thing and one thing alone. Whether or not one agrees with the principle, all Bill 94 does is end extra billing. With the amendment proposed by my friend the member for Lincoln, Bill 94 could do much more; it could do something much more positive and constructive.

With the amendment proposed by our friend the member for Lincoln, Bill 94 could go far beyond the current argument about extra billing. Bill 94 could set the future tone and the future relationship of the medical profession with the government in Ontario. The current crisis and the current situation indicate that, perhaps at this time more than any, such a review of that relationship is necessary.

Does the minister want to walk away from this debate merely having vanquished the opponent? Does he want to walk away from this merely having achieved the political priority of banning extra billing? Or does he want to seize upon an opportunity to bring together the parties in a very positive and, we hope, forward-looking review of the relationship between the OMA and this government, a relationship that has never been worse or more damaged than it has been by the government's actions and the current debate?

4:50 p.m.

I cannot imagine a more constructive amendment in view of the events of the past several hours. It is one more opportunity, as part of Bill 94, to bring the parties together to attempt to work in some sort of co-operative way and to

ameliorate the effects of the very bitter and confrontational debate in which we are embroiled.

The mediator, at his or her option, would be able to consider everything that has been put forward. The discussions the Minister of Health (Mr. Elston), the Attorney General (Mr. Scott) and the Premier (Mr. Peterson) had with the OMA, which have been secret to this point, could be put before the mediator. They could be scrutinized by an impartial third party who could go over everything.

The mediator could look at the concessions that were put forward by the OMA. For example, the mediator could consider the OMA's offer to end extra billing for patients over the age of 65 and its offer that a senior citizen in this province would never be charged more than the Ontario health insurance plan rate in the medical system of this province.

The mediator would be able to consider the other proposals by the OMA, such as that no patient receiving emergency treatment would ever be billed more than the OHIP rate. I am sure most, if not all, of our doctors operating in our emergency wards across the province would be quite happy to—I am being distracted by the Minister of the Environment (Mr. Bradley).

The mediator would be able to consider that very reasonable offer by the OMA to make sure that our emergency facilities are available to all as part of the OHIP system and that extra billing would never take place in an emergency room.

I ask every member of this assembly, when does this make more sense than at a time when emergency wards are closing and emergency services are being denied to the citizens of our province? When is this proposal more appropriate than it is now?

The mediator could look at the proposal put forward by the OMA that no patient receiving financial assistance of any kind from the government would be extra billed. He could look at the OMA's very rational proposal that any person could obtain medical services from an opted-in physician or an opted-out physician at the choice of the patient and receive services at the OHIP rate.

The mediator could consider all those things in the context of Bill 94. I am being charitable, because the individual members of this assembly have no real way of knowing what proposals were put on the table by the Minister of Health, the Attorney General or the Premier. Being charitable for a moment, I am sure they too had proposals on the table that could be examined

beneficially by a mediator and taken into consideration and deliberation by that mediator.

As the Ministry of Labour critic for the official opposition, I am well aware of the tremendous success that can be achieved by mediation and conciliation services. The Ontario conciliation and mediation service of the Ministry of Labour deals with more than 3,000 contracts a year. For those members who are not overly familiar with labour negotiations, when a contract comes to an end and the parties are not prepared immediately to enter into another contract, the conciliation and mediation service of the Ministry of Labour is there to assist them to achieve a settlement.

As citizens of this province, we read about and see picket lines on our television screens at night. We see strikes from time to time. But we should be very proud that in Ontario, the vast majority of contractual disputes are settled between labour and management before a strike ever occurs. The Minister of Health will be aware that more than 90 per cent of such disputes are solved without the necessity of service withdrawal by the unionized employees. That is an enviable record; it is a record that stacks up very well with just about any other jurisdiction in the western world of which I am aware.

Frankly, I am mystified by the attitude of the Premier, who has said to this House repeatedly that he does not believe a mediation process would assist in the current dispute between the OMA and the government. I am mystified that he is not willing to give it a try. What do we have to lose when we know from our experience in labour negotiations that 90 per cent of disputes are solved by the mediation and conciliation services? What on earth do we have to lose by giving it a try in the midst of this very bitter and divisive dispute?

Does the minister have to take my word for it that this would be valuable within the context of the current crisis? No, he does not. We have the word, given publicly by officials of the OMA, that the minute the government announces it is willing to appoint a mediator, the strike will end. My leader said it very well in his remarks this afternoon. The mediator is appointed and the parties are brought together to work out a mutually agreeable conclusion to this matter. The minute the mediator is appointed, the OMA doctors would go back to work, the emergency rooms would open and the other extraordinary—

Mr. McClellan: And extra billing would continue.

Mr. Gillies: My friend the member for Bellwoods says, "And extra billing would

continue." I say to my friend the House leader for the New Democratic Party, how can we prejudice that? The current dispute is over Bill 94. We are not saying an arrangement could be mediated and agreed to between the OMA and the government that in the vast majority of cases would end extra billing. We know that is possible. Why do we know it is possible? Because Dr. Moran—

Mr. Polsinelli: What about the 1979 agreement?

Miss Stephenson: There was not an agreement.

The Deputy Chairman: Order.

Interjections.

Mr. Gillies: No, Mr. Chairman. I blame myself—

The Deputy Chairman: Order. Will you take your seat for a minute? I would like to remind my colleagues—

Mr. Sterling: Do I have to be here all night?

The Deputy Chairman: Order.

Mr. Gillies: Mr. Chairman, I blame myself when my friend the member for Yorkview and my colleagues get into a debate, because I obviously have not yet persuaded my friend the member for Yorkview. I am going to have to try again, and so I will.

I say to my friend the member for Bellwoods, why do we necessarily assume that a mediation process could not arrive at an end to extra billing in large part? We do not know that at all, because Dr. Moran has already said, and I say it again: "No extra billing for patients over 65. No extra billing for patients in treatment of an emergency nature. No extra billing for patients receiving financial assistance."

I quote Dr. Moran again, "In a further effort to honour both your concerns and ours, the government's and the OMA's, we offer to work with government to guarantee that every citizen of Ontario would obtain medical services from an opted-in physician or from an opted-out physician at the choice of the patient." In the vast majority of cases, I would think we could see the practice ended through mediation.

5 p.m.

I say to my friend opposite, who appears unconvinced, and to my friend the member for Bellwoods, in the present situation, with the current acrimony between the OMA and the government, would it not be better in large part to try to achieve what the government has set out as a political priority by way of a mediation and negotiation process as opposed to bringing down

the jackboot the way it did today? Would that not be preferable? I have to think it would. Who is to say? One must remember that the Ontario Medical Association has said: "Bring in a mediator. We will end the strike" Who is to say that the mediator may not recommend even more than this? The mediator may say, "Yes, we think that the recommendations put forward by the OMA should be accepted and, further, that you should take the following steps."

However, it would appear—and I again blame my own powers of persuasion as limited as they may be—I have not convinced either the members of the Liberal Party here present or the members of the New Democratic Party that it is better to negotiate and reason with people than it is to back them up against a wall, draw the line and say, "You are cooked." If I cannot convince the members of the wisdom of that, then obviously all that our party has tried to do through the hours of debate on this bill has been in vain. It is a very sad day because I believe the amendment being put forward by my friend the member for Lincoln is entirely reasonable and constructive and will not receive the consideration that it deserves by this committee of the whole House.

Mr. Foulds: Then the member is doubly deceived.

Mr. Gillies: I am not doubly deceived because I try, as do most members of this House, to review legislation very carefully when it comes before this House and judge it on its merit. I am absolutely convinced that this amendment would result in a better bill. Are we not in committee of the whole House to improve the bill? Believe me when I say to my friends in the government party that this would improve the bill. The government will have its way. It will pass Bill 94. I believe they have very little to lose and a lot to gain by entertaining this amendment and I wish they would.

I leave that on the floor in the hope that in the next while some of my friends in the other parties may be convinced of it.

Mr. Gordon: Perhaps more than any other member of this House, I have had the opportunity of watching what happens in this province when people go out on strike. On one occasion in Sudbury, we faced a strike of approximately nine months between Inco and the Steelworkers. I recall another strike, as well, that occurred between the teachers in the Sudbury region and the board of education. I could not help but think at that time, and I still maintain this belief, that the strike could well have been avoided if there had been mediation.

One of the very disturbing features of what is going on today in this Legislature with the introduction of closure is the attempt by the government to suggest that somehow it is my party that is holding up the bill and is not being responsible in this discussion.

When I picked up the *Globe and Mail* this morning and glanced at the front page, I noticed an article from which I want to read a few lines.

"Doctors Extend Strike into a Second Week; Escalation Possible."

"The Ontario Medical Association's council voted yesterday to take the doctors' strike into a second week and give the OMA president power to escalate the action as he sees fit.

"The withdrawal of services, and restrictions on elective surgery and emergency departments, will continue even if the proposed ban on extra billing becomes law, Dr. Richard Railton, president of the OMA, told a Toronto news conference."

Colleagues, it is a sad day in Ontario when the government, with all the power and all the clout it has, cannot find a way to mediate and resolve this dispute with the doctors in a way that would be satisfactory to all.

Instead, we see a public which is becoming increasingly anxious about what is happening in the province at present. We see a medical profession which feels it is under attack, a profession which feels it is being misrepresented by the government and one in which the majority of those doctors do not opt out, and yet they are against this bill being brought in by this Liberal government.

One has to question why the thousands of doctors who have not opted out would be so vociferously against this bill to end extra billing. One has to recognize that when the group which has not opted out reacts so strongly, perhaps it understands something other people do not see as clearly right now. Perhaps those doctors recognize that the health care of this province, and its accessibility, is what is paramount and ranks as being most important.

I wonder whether part of the reason the doctors in this province are so upset is that the first minister of this province called those doctors overrated and overpaid and told them he was going to do something about it.

I can understand any individual, any group, being incensed about being approached in that manner. Or perhaps the medical profession is upset because it has looked at the track record involved in bringing this bill before the House today.

First reading took place on December 19, 1985. The second reading was debated on January 14, 17, 20, 21, 23, 24, 27, 28, 30, 31, February 3 and 4 and carried on February 11, 1986. The bill was referred to the standing committee on social development for public hearings and then, before clause-by-clause debate took place in that committee, it was yanked back into the House.

When one is going to make such a change in dealing with the medical profession, in dealing with the health care of this province, one has a responsibility to sit down with those people and attempt to negotiate and mediate.

I heard the member for Port Arthur (Mr. Foulds) talk about the number of days that were involved. There have been many more days of negotiations that have gone on in circumstances where there has been a dispute between two parties in this province. There have been many more days than that. It is quite obvious that the doctors in the province recognize there is something very serious and of grave concern when it comes to this bill.

5:10 p.m.

Let us look at the system in Great Britain. The National Health Service, the NHS, was introduced on July 5, 1948, by the post-war majority socialist government. In the fall of 1984, there were 675,000 patients on the NHS waiting list for beds; one year later, there were almost 800,000. Fifteen to 20 per cent of nonemergency surgery is performed privately so that patients can avoid the waiting lists. The average consultation in a doctor's office in Britain lasts six minutes. Forty per cent of all visits to doctors are by people who, it is suggested, have real health problems; and 15 per cent of Britons go to accident and emergency departments when they need treatment because their general practitioner cannot be reached.

This is not surprising. A study in the British Medical Journal found that the time Manchester GPs spend seeing their patients ranges from a low of five hours a week to a high of 46 hours a week. Thirty-six per cent of all Manchester GPs spend less than 16 hours a week seeing patients. In Britain, 70 per cent of all doctors belong to the British Medical Association, a union that is said to be one of the most influential in the country.

Perhaps the medical profession in this province is aware of what is going to happen in the future. Perhaps it is thinking about what state medicine will mean to the public. They are thinking about more than themselves in this. They are thinking about the impact of this act on

the public of Ontario and about what it is going to be like a year from now.

It is really sad when our leader and our party have said: "We are not asking you to withdraw the bill. We are asking you to mediate. Take the time to mediate;" and on the other side of this House they are stonewalling. I hate to predict this, and I hope it will not happen, but I fear a great deal that the accessibility of our health care system and the availability of the profession in the coming years are going to be seriously undermined by this action, this refusal to mediate.

It is sad to say this, but I think the third party has perhaps had a little too much influence in pushing the government to bring the debate on this bill to a close.

If one talks to doctors in Sudbury, they will say a little about extra billing. They will say, "In Sudbury, six per cent of the doctors extra bill," yet 85 per cent of the doctors are on the streets opposing Bill 94. It is really interesting. Apparently some of the doctors went to the various shopping centres to talk to the public to try to explain why they were so concerned about this bill and what it would do to the accessibility of health care and the future of medicine in this province. Within 15 minutes to half an hour, they had a petition objecting to this bill with more than 1,000 names.

That is not to say that many of those people in Sudbury are in favour of extra billing. That is not what we are saying here. We are saying that the public in Sudbury and across the province are becoming increasingly concerned about how the government is handling this issue. That is the point. Those people are saying, "That is my doctor and I want him to be free to consult with me and to look after my ailments, whatever those ailments might be." The public is beginning to question, first, the direction from which this government is coming and why it has brought this bill in; and second, whether the health care system is going to be as good in the months and years to come.

When one is sick, one wants the best health care. We have always had a first-rate health care system in this province. When any surveys have been done, it has been pointed out quite clearly that the people of Ontario believe they have the best health care system in the world. The second thing they will say is that they do not want anyone to tamper with that health care system or make it less than it is today.

This is where the government has made a real mistake, a big error. They should have sat down

with the doctors, taken the time to mediate, taken the time to work with them and to work out a system that would be satisfactory to the public and satisfactory to the medical profession in this province. That is not too much to ask.

I have sat on committees of this Legislature. I have spent five years in this Legislature. I spent five years before that as mayor of the city of Sudbury and I spent at least seven years before that as a municipal councillor. I have never yet seen a situation where if one had a problem and one took enough time and enough dedication and was responsible about it, one could not work out some kind of compromise.

I fear for what we are seeing here today. It is a real shame. This new government looks good sometimes, as any government does, but it is a new government. Yet within a year we have this new government bringing in closure and cutting off debate because it wants to get this bill through. It wants to end any more discussion on the bill. It does not want to have mediation, and we must have mediation. The only way this is going to be resolved is through mediation.

People have a right to seek health care and to contract with their doctors without government interference. If the government does not treat the doctors as professionals, can it expect them to continue to act as professionals? Can it expect them to continue to make all the extra phone calls, house calls and do investigative work? That kind of dedication to quality care is going to evaporate because the doctors will not co-operate with a government-run insurance plan that is merely a monopoly. The government is bringing in state medicine, and there is no compromise.

Why does the government not mediate? Call in a mediator. The doctors have been telling the government all along that, in the health care disciplines, a lot depends on the quality of the provider. This government, in one fell swoop, will destroy for at least a decade any goodwill felt towards the government by the medical profession. That co-operation will be destroyed. The doctors will not work under a government that believes in tyranny or oppression.

I put it to the government on this basis. People must have the right and the freedom to get the health care they want. Under Bill 94, the public will not be able to buy the health care they want. It is the freedom of the public that is being trespassed against here as much as the freedom of the doctors.

What are we going to be faced with in Bill 94? A situation where the government will say, "Okay, we will fund you for 100 kidney

transplants." If a hospital uses up that quota, even if a group in the community gets together to raise enough money for that hospital so it can provide for one more kidney transplant for one little girl who needs it, the hospital will not be able to do it because of this bill.

5:20 p.m.

The other thing the medical profession worries about is whether this government, down the road, because of so-called money restrictions, is going to decide that it is too bad but it cannot fund this hospital or that specialization in medicine, or that after a certain age the amount of money it spends on people should perhaps be limited. That is the way the medical profession views this. They have a lot of concerns.

Do not let the New Democrats tell members that everybody is in favour of this bill. Everybody is not in favour of this bill. As a matter of fact, I am sure that in the past week many members have had increasing numbers of calls from people who have told them: "We want to see mediation in this. We want a mediator brought in."

I have an example of what it means to be a professional. I would like to talk about one doctor in Sudbury. I have not chosen him for any particular reason; he is just an example. We have a cardiologist in Sudbury who has been working for 20 years in our area. He does not extra bill; he has never extra billed, but this doctor is opposed to Bill 94.

This man works from 7:30 in the morning until eight o'clock or sometimes even 11 o'clock at night, five or six days a week. He gets paid for his office hours, but he does not get paid for the outreach services he provides. He travels at his own expense to New Liskeard and South Porcupine, 200 miles away, and no one but he pays the salary of the nurse who attends him. He does this because we now have in Sudbury an open heart unit that is supposed to service all of northeastern Ontario. But if it is to be viable, he feels as a professional, as a doctor who cares about his patients and about the health of the people of northeastern Ontario, that he has to reach out and get those referrals to the Sudbury hospital. He travels. He provides these outreach services. He does extra investigative work at night. He does not charge anything. It is free, and he does it because he is a professional.

The people in this government are not willing to mediate. Do they expect to keep this kind of goodwill in the medical profession? Are they going to tell me that, without mediation, the medical profession will have the same dedication

as it has had in the past? They should think about it.

This doctor believes in his professionalism. He is a dedicated health care provider and he cares about health care accessibility. This doctor opposes Bill 94 vehemently, and he does not extra bill. Does that not raise some questions about the medical profession? Why oppose something that supposedly has nothing to do with you? He does not extra bill, yet he opposes the bill. Does the government not think it should sit down with people such as that doctor and inquire about why they feel so strongly about it? He believes he will no longer be free to negotiate anything with his patients if he should so choose.

Ever since the Ontario health insurance plan was introduced, the doctors had a balancing mechanism they believed they could avail themselves of: the right to opt out of the system. If the government of the day said, "We are cutting you back by 30 per cent, because we need money for something else," the doctors had a mechanism through which to protest.

Now what are they left with? They are left with the mechanism of the strike. We in this House all know that strikes are not the way to solve problems. A strike occurs because people are unable to come to a compromise, because one party or another just will not take the time to think things through clearly. We need mediation.

The doctors have always had a mechanism through which to protest. As I said, they could opt out. Now their only resource, the only way they can protest, is to go on strike, and we all know what strikes do. I have not seen a strike yet that has not first radicalized those people who voted for it and then embittered many of those people who did not agree with it, people who were part of that bargaining unit in the first place.

The effects of strikes go on for years and years. They affect the people who are part of the strike and they affect the people who are around them, their families, friends, relatives and the public. Yet this government says, "We have spent a great deal of time on this bill; we do not have time to talk about it." It says: "We must pass this bill through today. This is the only way to end the confrontation."

I do not believe everything I read in the newspapers, but this morning I read that the Ontario Medical Association has said that it has nothing to do with what we do here today, there has to be mediation.

I talked briefly about England at the beginning of my talk. I would just like to say this about England. Even the unions in England do not want

health benefits under the government program now. They want private insurance because the national health system has such long waiting lists, as long as three years.

Do members know where Harold Wilson goes now when he needs medical attention? He goes to a London clinic. He does not go to the national health system. He goes to a private clinic because the British health care system is breaking down.

Is that what we want for Ontarians? Do we want doctors cutting their visits by half and giving half the care they give now? Do members think this is what the medical profession foresees? They are professional medical people, so they know a little bit about the business they are in. Would they like to talk about it?

But it is not negotiable. Nothing is negotiable with this government. Because it has said nothing is negotiable, we have chaos out there right now in the health care system. The public is becoming very fearful; I am fearful. This could have been avoided with mediation.

If doctors are treated like civil servants, the government is going to discourage the kind of personal commitment these people have to their profession. They will not treat it like a profession, they will treat it like a job. Come five o'clock in the afternoon, that is it. Close the doors. That is all for today.

In Sudbury, in northern Ontario, if that were to happen, it would have a devastating effect. We already have problems getting specialists. The doctors we have are very dedicated people who put in long hours above and beyond what they could possibly be compensated for financially. It is that kind of dedication we need in the north.

5:30 p.m.

I am very fearful that the approach this government is taking is going to destroy that kind of commitment in the hearts of many of those doctors. It will not destroy it in all of them because, as I said, they are professionals. Professionalism is very hard to beat out of someone but there are many who are going to be so incensed that the after-effects of the way they have been treated and the way they have been portrayed is going to have far-reaching effects and I am fearful those far-reaching effects are going to affect the health care of the people of Ontario.

To call Bill 94 an accessibility bill is a misnomer. The most accessible part of the system is the physician. The least accessible part is the hospital bed. If that is the speech of the member for York Mills (Miss Stephenson), then I think this shows her intelligence and foresight,

perhaps more than that of the member for Sudbury.

The government is going to interfere with health care. I would like to give one more example from Sudbury. I will give an illustration because we have to have a balanced view of what is going on here. Six years ago in Sudbury, a group of doctors proposed to a hospital that diagnostic ultrasound equipment be bought to service the public better. This equipment at that time was available in the United States and was state-of-the-art equipment. The hospital told them they had no money and could not get the money from the Ministry of Health, and the hospital had neither the space nor the personnel. It simply lacked the budget because the health dollars were restricted. One of the doctors took out a loan of \$200,000 and bought one himself. That equipment services the people of Sudbury region and northeastern Ontario today. That equipment would not have been available under the rigid budgetary control of government.

This is what has happened in Quebec. In Quebec, the insurance plan will not pay for this kind of service outside the hospital building. Doctors in this province look down the road and see that kind of thing on the horizon for Ontario. The medical profession in the Sudbury region is very concerned about what kind of health care system we are going to have in the future and what kind of budgetary policies are going to be followed by this government. They are very concerned about what other steps taken by the government will directly affect the medical profession and the kind of health care the people of Ontario are going to receive. This is why I am so distressed that there has not been the kind of meaningful mediation that would have helped to bring some kind of a resolution to this problem.

The Deputy Chairman: Are there any other members who—

Miss Stephenson: The member for Scarborough-Ellesmere.

The Deputy Chairman: I could not see you.

Mr. Warner: It is difficult to tell when I am standing but I am, in case you are wondering, Mr. Chairman.

Before beginning my remarks on the amendment which addresses itself to the question of mediation, my observation is that while this debate is probably the most significant and difficult one we have faced in this Legislature since the election, I do appreciate the level of civility which exists in and outside this chamber amongst the members of all three parties. It is

encouraging to know we can have a civilized discussion on this issue.

I am intrigued by the logic on the issue of mediation that has been put forward by a couple of the Conservative speakers. I would ask them to reflect for a moment on the concept of mediation and what one is attempting to achieve from mediation.

My understanding of mediation is that where one believes there are workable grounds, where there is an opportunity to achieve some consensus, one then brings in a third party. The two parties then place before the third party the essence of their disagreement as well as those areas upon which there may be agreement. The mediator then attempts to work with those two sides and come up with some form of compromise.

Unfortunately, I am an outsider who is not part of the government. I was not privy to the discussions that took place between the government and the Ontario Medical Association. It appears to me the government has said, "We have a certain principle that we wish to put into legislation," and the OMA has said, "We do not agree with that principle." We have a fundamental parting of the ways. One side has the principle and the opposite side disagrees with that principle. In that situation, I do not understand what use it is to have a mediator. Both sides are at odds on the fundamental point of the legislation and they cannot reach a common ground. There is no common ground on that principle.

I believe the Conservative Party will agree, upon reflection, that this is not a new issue. To me, the issue is 15 years old. I remember fighting for the end of extra billing 15 years ago. The approach is that we have reached this impasse very quickly, so we need a mediator at the last minute in a last-ditch effort to save things. I ask the Conservative Party to stand back a little bit and look at the events as they have unfolded. Even if we discount the previous 12 years, we had notice of the changes to take place in the Canada Health Act, and those changes took place with three-party agreement. The entire country was notified that there was going to be a change.

Naturally, since health is a provincial matter, the changes would take place province by province. The federal government instituted the only sanction it could. If a province did not agree to end extra billing, that province would be penalized dollar for dollar for the extra billing as best as could be determined. We all realize it is not possible to come up with an accurate accounting of the level of extra billing, but the

federal government made a reckoning and determined approximately how much money would be withheld. In turn and at various stages, each of the provinces has decided to end extra billing in one form or another, and each in its own wisdom has adopted a particular mechanism.

5:40 p.m.

This mechanism, which was announced some time ago, was modelled most closely after the Nova Scotia model than any other, but it was the choice of the government of the day. Some negotiation took place between the OMA and the government. At those negotiations, the OMA made it clear that the principle of the bill, called Bill 94, was simply not acceptable.

Quite frankly, I understand that, and I respect the right of any organization to reject the principle of a piece of legislation, just as I respect the right of any individual to withdraw his or her services. Our service is really the biggest and most important thing that we as human beings have, and if we withdraw it, that is probably the biggest statement we can make.

Doctors, like most people but not all, have the right to withdraw their services. Ironically, the people who clean the hospitals do not have this right. I am not persuaded they have the right in law to deny care to patients, but they do have the right to withdraw their services, and many have done that quite systematically—not all.

Again to address the question of mediation and why it could not be successful, there is not an atmosphere in which mediation could succeed, and I will explain why. Quite honestly, I think the Ontario Medical Association has backed itself into a corner from which there is no way out. It has managed to persuade many of its colleagues that this bill is somehow the first step to something that is worse, something that is more horrible—

Miss Stephenson: There is no doubt about that.

Mr. Warner: They have even persuaded the member for York Mills, and I did not think she could be so gullible. She is not normally known to be a gullible person.

Miss Stephenson: I am anything but gullible.

Mr. Warner: That is right. That is why I am surprised she has succumbed to their arguments.

Miss Stephenson: It was not their arguments.

Mr. Warner: Oh, no. The fact is that the bill addresses itself to one item and one item only, and that is the privilege of charging above the prescribed rate. Some doctors take that to be extremely important and others do not. Even the

member for York Mills realizes there is a group of doctors in Ontario who are against the practice of extra billing.

I would not pretend for a moment that the Ontario Medical Association or any other group is a monolithic structure. Within the OMA, as within any other group, there is a diversity of opinion. In this situation there is a diversity of opinion over the withdrawal of service. There is a diversity of opinion over extra billing. As the member knows, figures have been bandied about a bit, but somewhere in the neighbourhood of 12 per cent of Ontario's physicians bill above the rate. However, that amount—

Miss Stephenson: No. Twelve per cent are opted out; five per cent extra bill.

Mr. Warner: If so, that is even scarier, because that percentage accounts for \$1 million a week, which means that individually it is quite a sizeable chunk of money.

I happen to believe quite honestly and quite firmly that this bill addresses itself to the privilege of extra billing and nothing else. There is no hidden agenda. The idea is to provide equal access for all citizens, all residents of Ontario, to health care—not two systems, not one for the rich and one for the poor and not one that is based on a means test.

Mr. O'Connor: Read their offer. Anyone who wants can get an opted-in doctor.

Mr. Warner: I understand their offer and, quite frankly, it is not good enough. Not charity medicine, thank you.

My observation from discussions I have had with several doctors, some of whom I count as friends—

Mr. Villeneuve: Used to.

Mr. Warner: No, still. I would not reveal their names, because that might knock them down the social ladder a bit. I count some of them as friends, and in fact close friends, and they are concerned about losing a privilege. In some cases they do not extra bill but believe their colleagues should have that opportunity to extra bill. I do not believe there is a group in our society that ever lost a privilege who were happy to lose the privilege. Naturally the doctors are upset. Through whatever speeches were made or whatever went out to the membership, they have become concerned that somehow terrible things are going to happen beyond Bill 94 and if they do not stop this bill, something horrible will take place. I do not know what we can say or do to assure them that is not the case.

I wish some of the members, especially the member for York Mills, would reflect for a moment on certain other parallels which exist in our society, for example, the one used by the doctors on the Canadian Broadcasting Corp. the other morning. Health is not the only area where figures are regulated. Bell Canada cannot raise rates to the public without going before the Canadian Radio-television and Telecommunications Commission. It is a regulatory body. That regulatory body hears the proposal by Bell and then makes a determination of the rates.

Miss Stephenson: Is the member suggesting that we are a public utility?

Mr. Warner: I have lost her attention. I will carry on for the rest.

Miss Stephenson: For ever.

Mr. Warner: I do not believe for a moment that any employee of Bell Canada considers himself or herself to be a civil servant because their rates are regulated and because they negotiate their rates with the federal government.

Miss Stephenson: Oh, do not be foolish. The government does not provide money to them.

Mr. Warner: The government negotiates the rates and the government okays the rates. The government of Ontario will okay the rates for Ontario health insurance plan payments. They will negotiate the rates for OHIP payments with the doctors, and they will then send the money on. When the negotiations are completed, that is the fee which is paid and the doctors have a mechanism by which they can negotiate that. By no stretch of the imagination would anyone say that they are civil servants. That is crazy.

Bell Canada people are not government employees. They are not civil servants. Neither are doctors. But neither, on the other hand, are they independent business people. We are not running a business; we are running a health care system and its design is to deliver health care to the people of Ontario. It is not a business. It is divorced from the free market. That may be a philosophy which is not acceptable to some people who are in the medical profession, but it is the philosophy of our program. That is what we have developed in this province. We should be proud of that, not ashamed of it.

Mr. Villeneuve: Why destroy it?

Mr. Warner: No one is destroying it. This is where I become concerned about the extreme rhetoric which has been used by some members of the assembly. No one is destroying the health care system. No one is attacking the doctors. I

become concerned when I hear some of the rhetoric from doctors.

There are quotes right out of the newspaper, straight quotes from the doctors. The member for York Mills will recall from last Saturday's *Star* the quote from the doctor who said, "I will do anything short of killing patients in order to get what I want." That is extreme language. To use extreme rhetoric does not serve the doctors' cause well, it does not serve the patients well and it does not serve us well.

It will be more meaningful if if we pass the bill which takes away the privilege of charging above the OHIP rate and sit down with the doctors to negotiate their genuine concerns. Their concerns are not only financial. I understand that. I believe the doctors have a genuine interest in rewarding excellence and experience and I think there are creative ways to make that happen.

5:50 p.m.

Miss Stephenson: The member cannot do it in the unions. How can he expect to do it in medicine?

Mr. Warner: As the member for York Mills realizes, extra billing is not in itself a reward for experience or excellence. A graduate out of medical school has the same opportunity to extra bill as a doctor with 20 years' experience. There is a more creative way and a better way to reward excellence and experience than the present system.

Miss Stephenson: The member is going to make that decision.

Mr. Warner: No, the doctors negotiate that. I understand the member for York Mills may want to take away that right from the doctors. I do not think that is appropriate. The doctors should have the right to negotiate their concerns with the government. The member for York Mills would take that away from them, but I believe it is their right and their privilege to negotiate a more creative response.

Miss Stephenson: I would not take it away from them. The member would take it away from them.

Mr. Warner: The medical profession rightly has a concern about the state of the hospitals. I remember from a couple of tours I did through northern Ontario that doctors in isolated communities have a concern about their ability to update their skills. How does a doctor arrange for leave if he is the only doctor in town, or there are only one or two doctors? How do they arrange leave so they can update their skills? How do they ensure that the local small hospitals can have up-to-date

equipment? How can they best serve in the specialty areas in remote parts of our province? They do have serious concerns.

Interjection.

Mr. Chairman: Order. It was pointed out to me by an interjection here that the member is straying at this point from section 5.

Mr. Warner: It is really fascinating how members of the Conservative Party can talk on at great length about anything they want, but the rules must apply only to me.

Mr. Chairman: No, I do not believe that is in order. I would say that most of the time when my attention has been brought to a member straying, it has been a member of the official opposition straying.

Mr. Warner: I was addressing myself to the question of mediation which, I believe, is the amendment itself.

Hon. Mr. Curling: On a point of order, Mr. Chairman: You said it was pointed out to you by an interjection. I thought if something is pointed out to you, it is through a point of order. Are you reprimanding the member by an interjection?

Mr. Chairman: In explanation, sometimes I do not hear interjections but sometimes I do hear interjections, and they are from all sides.

Ms. Gigantes: Disregard them, Mr. Chairman.

Hon. Mr. Curling: Disregard all interjections.

Mr. Chairman: Yes. Back to the section 5 amendment.

Mr. Warner: I know the chairman was listening intently to my speech. I was attempting to address why mediation is not appropriate at this time. I was explaining how I believe that instead of mediation, what we should be addressing is negotiation which, I hope, will begin as soon as possible, in as constructive an atmosphere as possible, to address the legitimate concerns of our medical profession and the concerns of the public about the total health care system and the delivery of our health care services.

To conclude, I come back to where I started, that is, I think of mediation when there are negotiable grounds. The official opposition must realize, as much as anyone else, that on the principle of this bill, i.e., to remove the privilege of extra billing, there are no negotiable grounds on either side. The government has made it clear it supports that principle. The OMA has made it

clear it opposes that principle. I do not know what there is to mediate. There is nothing left.

I hope—and I make it almost as a plea—that we tone the rhetoric down, that the services to which people are entitled be maintained, that our public hospitals not be closed, that emergency wards not be closed and that we have negotiations once again between the Ontario government and the OMA so calm is restored. People do not like this, and I do not like this. I do not think there is a member in this House, regardless of his or her position on this bill, who likes having the system or individuals upset.

Miss Stephenson: Does the member think doctors like it?

Mr. Warner: I do not think so either, but through whatever has transpired, there have been unfortunate remarks made by some members of the medical profession and some very unfortunate actions taken.

Miss Stephenson: I suppose the member has had nothing to do with that.

Mr. Warner: No. I am not the one who went and stirred them up and suggested they go on strike. Those folks over there did that. Those folks helped to promote that one, not me.

Mr. O'Connor: On a point of privilege, Mr. Chairman: The member has implied motives to us, that we have gone about stirring up the doctors encouraging them to strike. That is entirely untrue, and I ask that he withdraw that.

Mr. Chairman: That is not a point of privilege.

Miss Stephenson: It is factual information.

Mr. O'Connor: It is imputing motives. He cannot do that.

Mr. Chairman: Order.

Mr. Warner: While the amendment may be put forward in good faith, I frankly do not believe it will solve anything. I ask instead that we dispense with the motion. In fact, the members of the official opposition might consider withdrawing the amendment if they realize the logic and wisdom of the words which they have heard, and let us get on and pass the bill.

Mr. Henderson: I appreciate the comments of the member for Scarborough-Ellesmere, in his near-concluding proposal, that we tone down the rhetoric. That is precisely what I have in mind. I have only a few brief remarks to make by way of stating very briefly why I will support this amendment.

I took great umbrage at the member for Burlington South (Mr. Jackson), who is not here

at the moment, for encouraging his colleagues and the New Democratic caucus a little while ago to support this amendment and not encouraging any Liberals to do so. I am being a little facetious but not entirely. One of the reasons I am a Liberal is that liberalism as a political ideology has always defended individuals and the freedom of individuals.

In my opinion, this is what this difficult issue is all about; that is, the freedom of a very small minority of patients who want to deal directly with their physicians at arm's length from government, and the freedom of an even smaller minority of physicians—perhaps as small as three per cent if one speaks of physicians who are fully opted out, and a further nine per cent if we include physicians who are partly opted out. Across the board, only five per cent of services in Ontario are billed opted out.

The freedom of that small minority of physicians and likely a small minority of patients to deal with each other directly at arm's length from the state is, in my opinion, ideologically very much what liberalism is all about. This amendment, which proposes 11th-hour crisis mediation, seems in line with my political beliefs and therefore is an amendment I can support.

6 p.m.

I am also a Liberal because I believe such principles as flexibility, compromise and a willingness to negotiate are important characteristics and attributes of good government and good administration. That too seems to be the thrust of this amendment.

In some ways, I am not crazy about this amendment. It seems regrettable that as legislators we should have to consider appointing a mediator. We ought to be our own mediator. We ought to be able to sort these things out ourselves and try to find some consensual middle ground that would be reasonably acceptable to us and tolerable by the physicians.

I feel very badly that physicians feel driven to actions that are highly uncharacteristic, and I feel badly that they feel pushed to rally and show a solidarity that is rather unprecedented for physicians. I feel especially badly because Ontario faces a crisis in health care services. We are into the eighth day or so of it. I feel most distressed because I believe people are going to be hurt or worse and because I cannot find any evidence that passing this bill is going to improve the situation; if anything, it will be the contrary.

I am not crazy about this amendment, because we ought to be able to do our own mediation in this House. It is a little late to start talking about

mediation. It is regrettable to imagine that we are contemplating mediation after the passage of the bill, but better late than never.

I cannot agree this is a black and white issue that admits of no middle ground and therefore admits of no prospect of successful mediation. Statistics show that of the order of three per cent of physicians are fully opted out, nine per cent are partly opted out and five per cent of services being billed are opted out. If we could fine-tune those figures and correct the distribution problem in the way I proposed in my amendments, surely that would be a significant enough step towards the objectives the Liberals have set forward to be well worthy of a trial. I have no doubt whatsoever that those figures could be adjusted, that groups which should not be extra billed could be spared and that distribution problems could be corrected through the efforts of a successful mediator.

I offer these remarks by way of saying that while I think the hour is late and while I am not happy that it seems necessary for us to look to mediation, I support this amendment in much the same way that I offered my own revised amendment to section 4. I did not like it very much, but it seemed a worthwhile 11th-hour attempt in the direction of avoiding a health care catastrophe.

I will support this amendment, which I consider to be ideologically close to the mainstream of liberalism. I am not crazy about the circumstances and the situations whereby we are contemplating mediation, but I believe it is well worthy of a further try.

Mr. Chairman: All those in favour of Mr. Andrewes's amendment to section 5 will please say "aye."

All those opposed will please say "nay."

In my opinion the nays have it.

Motion negatived.

Mr. Chairman: Shall section 5 stand as part of the bill? All those in favour will please say "aye."

All those opposed will please say "nay."

In my opinion the ayes have it.

Section 5 agreed to.

Hon. Mr. Elston: Mr. Chairman, I wonder whether I might have the consent of the House to revert to section 1, which includes the definitions that were to be moved in relation to amendments that have been delivered to the bill. As you will recall, we had agreed to go through the substantive sections and then return to section 1 at the end. In order that we can make the amended sections function, I would be pleased if

I could place on the record the amendments under section 1.

Mr. Chairman: Is there unanimous consent for the minister to move the amendments to section 1?

Mr. Gillies: Our party has one more amendment to move. Of course, we are under the deadline of 6:15 p.m., but assuming the minister can be very expeditious, we will agree.

Mr. Chairman: Is there third-party agreement? Yes, there is.

Agreed to.

On section 1:

Mr. Chairman: Hon. Mr. Elston moves that section 1 of the bill be amended by adding thereto the following definitions:

“‘Board’ means the Health Services Appeal Board under the Health Insurance Act.

“‘General manager’ means the general manager appointed under section 4 of the Health Insurance Act.

“‘Minister’ means the Minister of Health.

“‘Practitioner’ means a physician, optometrist or dentist.

“‘Unauthorized payment’ means the amount of money by which the amount a practitioner has charged and been paid for rendering an insured service to an insured person exceeds the amount payable under the plan for rendering that service to that insured person.”

Does the minister wish to make any statement?

Hon. Mr. Elston: It is not necessary. We discussed the substance of the sections before. These are part of the definitions required to provide the substance to those sections as amended.

Mr. Chairman: All those in favour of Hon. Mr. Elston’s amendment will please say “aye.” All those opposed will please say “nay.”

In my opinion the ayes have it.

Motion agreed to.

Section 1, as amended, agreed to.

6:10 p.m.

On section 6:

Mr. Chairman: Section 6 is the only remaining one we have in front of us.

We have a motion that has been tabled, but it will not be moved, I am advised. Thank you.

Miss Stephenson: It is unfortunate the phrase used as a short title is still within this bill. For the practitioners who have attempted to deliver health care in this province with a great degree of responsibility, it is simply a further insult that the

short name for this bill should be the Health Care Accessibility Act when it addresses one minuscule portion of accessibility.

I remind the honourable minister that accessibility to health care encompasses a great deal more than the very small number of patients—and it would have been even smaller under the type of arrangement the OMA suggested—who would be billed at any level beyond that of the OHIP benefits.

The member for Scarborough-Ellesmere has suggested there is all kinds of range and scope for negotiation with the physicians after this bill is passed. I thought the member, as a former schoolteacher, would have understood a little something about human relationships, attitudes and the ways in which one fosters good relationships, good attitudes and functional and effective co-operation.

This act, as it is currently written and particularly with its insults in the last section of the act, will not in any way encourage the practitioners of this province to co-operate effectively with the government in the delivery of health care. In fact, I would suggest the minister might be moved to delete section 6 completely. There is no point in having a short title to this act when it is so absolutely misleading, so totally wrong and so completely distressing in terms of the health care practitioners who are involved in this.

After all the hearings and discussions, I would have thought the minister might have made that amendment himself. This act does not need a short title. He has already done enough damage with the long title. Let us not murder the corpse, for heaven’s sake, with the short title that is included here now. I strongly suggest that there be reasonable consideration of at least one of our motions as far as this bill is concerned.

The Treasurer (Mr. Nixon) is gesticulating wildly to the minister, “Do it and get her to shut up and sit down.” I can hear him from here and I can read his lips. That is exactly what he said. I have a great understanding of his attitudes, words and sentences. I watched the faces of the Minister of Education and the Minister of Colleges and Universities (Mr. Sorbara) and the consternation on the face of the Minister of Health, and I knew precisely what he was saying.

It would be a reasonable suggestion if it were one of the small concessions—the only concession—made by this government, which the Financial Post editorial board has described as hamfisted and bullheaded. It would be the only

concession it would have made with regard to the type of reasonable—

Interjection.

Miss Stephenson: The Financial Post. Has the member not read it? The Financial Post editorial board described the government in this action as hamfisted and bullheaded.

Mr. Chairman: Order. I remind the member that the member for Brantford (Mr. Gillies) said you had an amendment to move.

Miss Stephenson: My amendment is that the minister delete this section of the act.

Mr. Mancini: We do not take advice from anybody.

Miss Stephenson: Oh, really? The government takes it from the New Democratic Party.

Mr. Chairman: That amendment is not proper. You vote against the section.

Miss Stephenson: I am aware of that, but I was trying to encourage the members opposite to consider seriously voting against section 6 so it would not be included in the act since there is no need for it. It is redundant and unnecessary.

Mr. Chairman: The time now being 6:15 p.m., we must ask the question under the motion passed earlier today in the House.

Section 6 agreed to.

On motion by Hon. Mr. Nixon, the committee of the whole House reported one bill with certain amendments.

6:26 p.m.

The House divided on whether the report of the committee of the whole House should be received and adopted, which was agreed to on the following vote:

Ayes

Allen, Bossy, Bradley, Breaugh, Bryden, Callahan, Caplan, Charlton, Conway, Cooke, D. R., Cooke, D. S., Cordiano, Curling, Elston, Epp, Ferraro, Fontaine, Foulds, Fulton, Gigantes, Grande, Grier, Haggerty, Hart, Hayes, Johnston, R. F., Kerrio, Keyes, Knight, Kwinter, Laughren;

Mackenzie, Mancini, Martel, McClellan, McGuigan, McKesock, Miller, G. I., Morin, Morin-Strom, Munro, Newman, Nixon, Offer, O'Neil, Philip, Poirier, Polsinelli, Pouliot, Ramsay, Reville, Reyecraft, Riddell, Ruprecht, Scott, Smith, D. W., Smith, E. J., Sorbara, South, Swart, Sweeney, Van Horne, Ward, Warner, Wildman, Wrye,

Nays

Ashe, Baetz, Barlow, Bernier, Brandt, Dean, Eves, Fish, Gillies, Gordon, Gregory, Guindon, Hennessy, Jackson, Johnson, J. M., Lane, Leluk, McCaffrey, McCague, McFadden, McLean, O'Connor, Partington, Pierce, Pollock, Rowe, Sheppard, Stephenson, B. M., Stevenson, K. R., Taylor, Treleaven, Villeneuve.

Ayes 66; nays 32.

HEALTH CARE ACCESSIBILITY ACT

Hon. Mr. Elston moved third reading of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Hon. Mr. Elston: This has been a rather extended piece of work. We have taken almost a year in dealing with an issue that is and has been described appropriately by members of this House on all sides as sensitive. It is one on which we spent a considerable amount of time trying to come to grips with the predominant question of how one might reconcile the needs of a government to fulfil a mandate to end extra billing in the province to comply with federal legislation that prescribes we must end extra billing in the province or suffer holdbacks in the total amount of \$53 million per year. That figure currently stands at around \$100 million.

We spent 10 or 11 months speaking to the profession informally. A series of 11 formal meetings took place and we found that we could not come up with a negotiated settlement, as had occurred in some of the other provinces in this great country of ours. People know that we now are one of only three provinces in this great country of Canada that have not complied with the Canada Health Act, which have not complied with the directive unanimously passed in the federal House and in the federal Senate that indicated extra billing must end. We know others are making plans to follow suit.

It has not been easy; it has been very difficult. It has taken a lot of time and effort, but the members here, the public of our province and the people across the great nation of Canada who use the health care facilities in this province, recognize that we have institutions that provide for us great opportunities for ensuring the health of people in Ontario, Canada and internationally as well.

I assure the people of this great country, the people and the practitioners of this province, that with the passage of and the implementation of this bill, it is not our intention to stop addressing

the critical issues of health care and the needs of the system in this province.

The commitment of this government and of this minister to the people of this province is not only that we will be diligent in pursuing an end to some of the problems which have been pointed out during the great public debate that has surrounded the implementation and the passage of this bill. We also will be paying great heed to the future advice and wisdom provided to us by those people participating in the system who in the past have provided us with advice and expressed concern about certain areas in which we could provide some improvement so the people of the province could be better served. We will continue to strive after programs such as the announced \$850-million capital program which came from the Treasurer's (Mr. Nixon) budget statement in May.

We shall proceed to look at the questions of how we might address concerns about honouring those people who provide us with excellence in service to the medical profession in this province. We shall look at the great questions of how we deal with ensuring that seniors receive good quality care as has been partially addressed already and is continuing to be addressed by my colleague the member for London North (Mr. Van Horne).

Together as a government, we shall pursue those goals of excellence in the provision of health care, with the assistance of the professions which are involved in providing health care to the people of this province. We shall work overtime to come to grips with some of the concerns that have been expressed on the question of freedom, which has been raised time and again by members of the profession who have some concern that this government has a secret agenda. There is no secret agenda. This bill speaks only to the question of extra billing.

It has been and it continues to be our position; and it is the position of the people of Canada, that the citizens of this great country must be assured of receiving the best medical care and have equal opportunity of receiving medical care without regard to their ability to pay. That being the case, we in this party and in this government realize that work does not stop with the passage of this document, this legislation. In every sense of the word, our work is only beginning.

I commit myself to the people of this province to work to ensure the continued expansion and improvement of the provincial health care system, working co-operatively with the professions which provide us with excellent care in this

great province of ours. I commit myself to the people that this is not the end but merely a first step to ensuring that the people will have improved facilities, that the practitioners can work with me to discuss the issue about which they have spoken so eloquently in a number of their meetings, the question of freedom. We can ensure that patients will have a choice of physicians.

6:40 p.m.

It has been a long time in debate. Most of us as legislators are pleased to be here. At times, it has been difficult for the public of this great province. Although some have said that the passage of this bill will cause more dissension, in speaking to practitioners in the medical field and others and in speaking to the public at large, the indication is that it is best for us all: for the profession, for patients and for this Legislature to move to pass this bill finally. It will remove the stresses which have caused, in my opinion, undue pressure on the interpersonal relationships in the medical profession, on those people who provide support services in hospital facilities and on those professionals who work in those facilities—nurses, physiotherapists and others. It is time now to put this discussion well behind us.

Once having assured the public of this great province that we will ensure equal access and that they do not have to unroll their bank accounts or bare their credit rating before they have access to a practitioner, let us all commit ourselves to moving ahead to improve facilities, and to look at how we can improve the practice and provision of services in the province.

I would have preferred it if this bill had not been brought to this House. I would have preferred if something such as the situation in Prince Edward Island or Newfoundland had occurred here: a negotiated settlement, or a consensual elimination of extra billing. That has not been possible. In my opinion, that would never have been possible in this province. The result is that we have needed legislation and we indicated our commitment to legislation. We have now fulfilled the commitment to providing legislation, and I look forward to the passage of this piece of legislation tomorrow.

Mr. Speaker: I wish to inform the members, in case any are interested, that the dining-room is open until 8:30 tonight.

Are there any comments or questions related to the comments by the Minister of Health? If not, the member for Ottawa West.

Mr. Baetz: It is an honour for me to begin this marathon debate imposed by an autocratic

government. Before I begin my remarks, I would like to pay tribute to my colleagues the member for York Mills (Miss Stephenson) and the member for Lincoln (Mr. Andrewes) who have for so long, so bravely and so intelligently tried to convey to the rest of this House and to the public those issues that we deeply believe in as they relate to this piece of legislation.

This is a very sad occasion for the people of Ontario, for the citizens of this province, who over the years have become accustomed to enjoying and reaping the benefits of one of the finest health care systems in the world. That has been acknowledged time and again by the newly formed government. It is a sad moment for all the people of Ontario. Sooner or later we all require the benefits of the health care system. It is a sad time for all of us. The events of today and the decisions taken by this House today will trigger a whole sequence of events that will not be in the best interests of the people in this province who seek the care of our health system.

It is a sad day for the parliament of this province and the people who believe in the parliamentary system because, as we and as most people in Ontario know, closure is a nasty word. It is a dirty word. Closure is something that creates a knee-jerk reaction in all the citizens where a parliamentary system is predominant.

In general, citizens do not care too much about the parliamentary system, its fine-tuning and how it works in detail, but people who live within a parliamentary system know one word and that is closure, or guillotine, whatever. It is something they loathe. It is alien to them. Closure is the ultimate weapon. It is the last resort of the parliamentary system. Closure is used when every other measure has been tried and has failed. Then and only then do people in the democratic system accept that there is such a mechanism as closure and that the government of the day should have the power and responsibility to impose closure because we recognize that eventually government must govern; it must rule. But closure is used only as a last resort.

We have here a situation where consistently, over the past few weeks, we have urged, encouraged and begged this government to take one final step, to try one more way to bring about a settlement through the appointment of a mediator. Time and again, the government, in particular the Premier (Mr. Peterson), has stonewalled. It has refused to take this one step to appoint a mediator.

Why would the government not at least try this last final step before it takes the ultimate step of

guillotine or closure? Why not appoint a mediator? In a month or six weeks from now, the mediator may come back to this House and say, "I am sorry but it is simply impossible to bring the two sides together." At that point, the government surely could have legitimately reached a decision. It could have said: "We have now tried everything and we must now impose the guillotine. We must impose closure."

That one big, interim step was not tried, and the people of Ontario are going to remember that. The people of Ontario are not militant people. They are not the type of people who, in the first instance, want to settle issues with a fight, with a knock-down, drag-out confrontational type of approach. The people of Ontario want peace. They want to resolve things through agreement, through consensus. Frankly, the people of Ontario are going to be offended that closure was imposed before this government had taken the final step of trying to resolve this problem in a very peaceful way.

6:50 p.m.

It is a sad day for the Ontario government which is now going to celebrate its first anniversary, this government which came into power with all the fanfare and all the beautiful talk about being an open government. Did we not see it all here out on the lawn at Queen's Park? Everybody was invited to come and join, and the Premier kept saying: "My office is open. I want to talk to everybody. Things are going to be very different with openness, a new government, a new era. Behold, I make all things new." That was one year ago.

Now, on the anniversary of this open government, there is closure and guillotine. Enough is enough. People have to learn. It is a very sad day for this government.

I sensed this afternoon that it is an extremely sad day for a very good friend of mine in this Legislative Assembly. It is a sad day for the Treasurer (Mr. Nixon), the House leader of the government, because we all have respected the House leader as a great parliamentarian, a man who knows and understands the importance of something such as closure.

He abhors it; he said so this afternoon. He does not like it. He fights it. Because he is a great parliamentarian, he knows this is a last, terrible step and he did not want it. I guarantee that if the private person, the member for Brant-Oxford-Norfolk (Mr. Nixon) and government House leader, could speak to us today, he would have to admit that this was forced on him, that he did not like it, that it cut against everything he believed

in and has been talking about in this House for the many years he has been here, and for which we have respected him. It is a sad day for him.

This decision by the government on closure and the guillotine rests with the Premier and his office. It confirms a suspicion that has been growing over the past few months, that the ultimate and only centre of power in that government is in the front office of the Premier and that most of the members of his caucus are nothing more than trained seals. It is an indication that this Premier, this Rambo—he is a Rambo, a macho; he loves it—is a man who says, “By God, I have to be firm and strong and I will do this and this, and I know what is best for the people.”

That is the personality of our great Premier, this macho Rambo. That, unfortunately, is fortified and strengthened by a gaggle of nameless, faceless, power-hungry individuals who never need to go to the people to be elected who support him. I can see this gaggle around the Premier, these power brokers, these power-hungry people, saying to him in the past few days: “Give it to them. Knock the medical profession apart. Destroy them. Enforce legislation on them.”

He is going to win this round. This is a 10-rounder and there will be a knockout. We know that. This is not the way to govern and especially not to govern very civilized, intelligent, wise people such as the people of Ontario. One does not ram things down their throats. That is the Premier's approach. He is a boxer. One does not have mediators between boxers. One boxer tries to knock out the other one. That is the one and only objective; to destroy the other.

The Premier's approach was to fight the medical profession. It started on day one. There was no consultation, no asking: “What can we give? What can you give? Let us try to reach a common ground.” No. The approach has been one of saying: “Tough. I will knock you out. I am the boss. I am the winner.” Unfortunately, this has now led to this situation where the guillotine will be imposed in a matter of hours. The time is indeed running out on us.

Of course, he has been supported in all this. He would never be able to exercise this kind of coercive, Rambo type of power if he had not been supported by the party down here to my left, a party which has been only too willing to give up some of its own principles. If this were a trade association or a union of any type trying to say to the world: “We too have a place. There are such things as collective bargaining powers,” and so

forth, that party would have supported it to the end.

In this situation, that party was simply a part of the Rambo approach by the Premier and it gave him that power. The people of Ontario did not give him this type of power. The Premier would like to believe that he has a massive majority of members in this House because he has a massive majority of electoral support. He is a mistaken man; he has 49 members. He has a minority government, but with the help of a so-called accord, he is able to muscle, to power his way into subjecting the doctors.

It is interesting that today, during these final hours of debate, the Premier decided, typically, that he would go to my riding to open a hospital which the previous administration had planned, worked for, made available and financed. Instead of staying here and entering the debate, the Premier decided to take off to Ottawa and pretend to be the big boy for the occasion. He is the Joshua.

Moses led the children of Israel through 40 years in the wilderness. Those were tough years and just as the children of Israel were about to enter into the land of milk and honey—we all know the story—God took Moses aside and said: “There it is. There is that fantastic land of milk and honey. After 40 years of hardship, the children of Israel are about to go in; but I have bad news for you, Moses. You are not going to go. You are going to die out here in an unmarked grave. Nobody can even build a citadel for you, a marker or anything. Joshua is going to lead the children of Israel into the promised land.”

I can almost head Moses asking: “Joshua? Joshua who? What did he ever do?” But Joshua went in there. He led the children of Israel into the promised land. Was he not a Mr. Big Shot? Was he not something?

7 p.m.

Today, the Premier will go to Ottawa and preside over the ceremony at the Royal Ottawa Hospital and say, “What a big boy am I.” Joshua, that is who he is. We are Moses. After 40 years in the wilderness, we brought the people to the promised land, and Joshua led them in. The Premier should remember the moral of that story; leaders come and leaders go but nations and people go on forever. If the Premier continues to carry on the way he has over this issue, this is going to be one leader in the history of Ontario who will not be around for a very long time.

It is most unfortunate that we have so very quickly resorted to this extreme measure to bring this great debate to a halt. We are told it had to be

done in the interests of the people. It had to be done, because we are losing \$50 million a year. That is what the federal government said. The federal government, which was in the hands of the Liberals for so many years, through the Canada Health Act said we had to conform to that act. This government is saying we must do it quickly.

Quickly? This is June 1986. We have until April 1987 to make a decision as to where we go on this matter of extra billing before we permanently risk losing the benefits under the Canada Health Act. We have from now until next April. We have time for a mediator to sit down with the doctors and the government and bring the two together. There is plenty of time, and this province would not have lost one cent in this whole thing. Why now this tremendous urge to finish it by one o'clock tomorrow, in the middle of June? It is almost a whole year before we have to meet the deadline. It is again the Rambo touch, the touch that says, "You are going to settle when I say you are going to settle." This is most unfortunate.

Perhaps the Premier does not quite understand. Perhaps the Minister of Health (Mr. Elston) does not understand that a mediator is in a far better position than the Minister of Health or the Premier himself or the doctors who have been calling each other names. Frankly, the Minister of Health has been somewhat more moderate in his approach to the doctors. I have listened to my colleague the Minister of Health in many debates in public. He has had a somewhat more moderate approach, but even then there has been this feeling of confrontation, inflexibility and name-calling, to the point where the two sides have reached a position where they simply cannot give one more inch without loss of face. That is important for both the medical profession and the government. We understand that.

We have a little intrusion here. The member for Renfrew North (Mr. Conway) is not in his seat. He is sneaking around behind the Speaker's chair.

In this situation, we are convinced a mediator could have brought this to a mutually acceptable conclusion. As the Premier said time and again, "There is nothing more I can do." I can appreciate that. After having called the doctors everything under the sun—gougers, hungry people who have no sense of whatever, all kinds of very unfortunate, belligerent, militant kinds of accusations—it is no wonder the Premier feels he is at the point where he can no longer negotiate in

any kind of constructive way with the medical profession.

We have heard in this House that some doctors have made some rather intemperate statements. It has been upsetting, but frankly, I am convinced the vast majority in this assembly and the citizens of Ontario recognize the medical profession is, collectively, a very noble profession. The Hippocratic oath does mean a great deal to doctors. It does mean something to them.

One simply cannot write them off as being only interested in making more money or in being the parasites of sick people. We know the medical profession is far above and beyond that. This is an intemperate, boxer-like approach by the Premier. We know he is a boxer. He prides himself on being a boxer, but that is not the way to run this province—by coming on heavy, by coming out of his corner saying: "Come on now, members of the medical profession, my one objective is to put you on the canvas." That is not the way to run a province as civilized as this one. Somebody was talking about kicking. Perhaps he was talking about kickboxing, but that is not the way this province can be run, and that is not the way he is going to subject the medical profession.

There is altogether too much of a feeling here, and it came across again this afternoon when the Premier was here, that if they can give them the knockout sock, if they can get them on the deck, they are done. The Premier feels he is going to administer the final blow to them. He is going to pass Bill 94 and bang, that will be the end of the medical profession. The fight will be over, the game will be over and he will be the victor.

That happens in a boxing ring, but that is not the way to deal with the people of Ontario and certainly not with one of the finest service professions we have. Long after that Premier has gone—and it may be sooner rather than later—the medical profession is going to be here. In 10,000 different ways they are going to look after the health needs of the people of this province, in very personal, intimate and highly sophisticated technological ways. They are going to do it in a way they feel comfortable with and in the way they want. Frankly, if they can work in that kind of atmosphere, the social environment they want to feel free working in, surely that is so much better than having the doctors feel they have been coerced and flattened on the canvas and that they now have to hand out their services. That is not going to happen.

7:10 p.m.

I cannot help but believe that by one o'clock tomorrow, when the government is going to render the knockout blow, the Premier, the boxer, thinks that suddenly it will be all over. It will not. The troubles will only begin. That is my concern, and that is why we, in this party, feel this is a sad day. We had the means at our disposal. We had the means right there, namely, the appointment of a mediator, to make one more effort to resolve this dispute and our differences, to establish a consensus, to bring the two sides together, for their mutual advantage and, above all, for the advantage of the people of Ontario who must rely on the medical profession for help.

It is an honour to lead off in this discussion tonight, this so-called marathon. When one thinks of it, it just epitomizes the vindictive attitude of this Premier, the knockout guy, the boxer, who says, "You guys want to discuss this any further? By God, I will put it to you. You are going to discuss it all during the night," instead of saying, "You can do it for another one, two or three days. We know eventually you are going to have to bring this to an end," but it is the spirit of vindictiveness, the spirit of the knockout blow, the low blow, that says, "You confront me and I will give you a shot. You can talk all night."

I will tell members one thing: Our party is pleased to talk all night if that is the way it has to be, but the people of Ontario do not think too highly of this young, open government that says, "You are going to talk all night." Some of the security guards have to be up all night. This is open government. It is a joke.

I know the people of Ontario have a long memory. The next time we consult with the people, I think they will remember this. They will especially remember it because by that time they will know that because of this coercive approach to the health care system, they are getting worse health care than they ever got before. They will understand that. I can see the Premier having totally offended the medical profession of Ontario. Having thoroughly offended them, he will then have to feel that he has to pay them a little extra after this is all over.

It is not the Premier's or the Liberal government's money he is handing out, but he is going to have to hand out a lot of the taxpayers' money to reconcile the medical profession a little bit. The cost of health care will go sky-high. To bail himself out and in an effort for the Premier to try to reinstate himself, he is going to be prepared to spend hundreds of millions of the taxpayers' money. The taxpayers are not that stupid. They

know whose money the Premier will be spending. It is theirs.

Anyway, my colleagues and I quite happily are prepared to talk the whole night through here to try to get our point across. As I say, this is indeed a dark moment for the people of the province. It is a dark moment, especially for that government of Ontario that said, "We are the new open government." This is not open government on the eve of its first anniversary—closure. We are prepared to continue to discuss this with the people of Ontario.

Tonight, the Premier is probably in Ottawa—I do not know where he is—with his gaggle of power brokers in the back room, many of them imported here from the Trudeau regime. I worked with the Trudeau regime and I know the arrogance and the centralism that were there. Everything ran out of the Prime Minister's Office. That same kind of attitude is coming into this young government here with a vengeance. We smell it, feel it and see it all over and the people of Ontario also are going to sense it very quickly. They have had a beautiful example in this closure tonight on Bill 94.

Mr. Guindon: I am pleased, in a way, to rise tonight to speak on Bill 94. I want to make it clear right from the start that in Cornwall there is not one doctor who extra bills. Yet they are among the most militant in the province. There must be a reason the doctors in Cornwall and the surrounding area, Stormont, Dundas and Glengarry, do not extra bill. There is also a reason they are mad. They are upset because this bill digs right into the root of the very reason that most of the Europeans from the older countries come to this country. It is for freedom, the freedom of choice and the freedom of work: the freedom of working for whom they want and when they want. This bill will not permit the doctors to have the freedom they need.

What we need in Cornwall is access to services. Eastern Ontario is a little bit more remote and a little farther from the heavy population of Ontario. We do need more services; for instance, a computerized axial tomography scanner or even an electroencephalogram machine. We need better ambulance service. I am not saying this because we can remedy this in 15 days or 15 months, but because it is a problem for us. Right now, we do not have in our area an ear, nose and throat specialist. Currently, there is one available in Brockville. He comes to Cornwall once a week, and if patients need surgery, they have to travel to Brockville or go to Ottawa or Kingston.

What makes those doctors upset is that most people think it is because of the money. I have been told many times that money is not a big factor in it. It is a factor, I agree, and I must admit right here that I am not one who is in favour of passing a bill or voting to give somebody else the privilege to make more money. What stands out in my mind much stronger is the freedom they are going to lose. I am prepared to vote against Bill 94 for that reason.

We must not forget that in Ontario, and it is probably the same in other provinces, we make laws right here in Toronto mostly for the area which has the greatest problems. I said at the beginning that Cornwall does not have a problem in extra billing but Toronto might have it. Why is it that in this province we have to pass laws, whether for housing, medicine or health care, that are basically designed to serve one area, the Golden Horseshoe, all the time forgetting the smaller centres? We exist too.

I am asking myself how is it going to be five or 10 years from now with the new crop of doctors coming out? Are top-notch students going to be interested in medicine or will they choose engineering, business or other professions? If they feel they will not get the treatment they deserve for the work they put in, we will not have the doctors we deserve; or we will have the doctors we deserve but not the doctors we really need.

7:20 p.m.

I am going out on a limb here and am predicting that 10 years from now, instead of 17,000 doctors in this province, we are going to have 34,000. Instead of costing 30 per cent of the budget, it will probably cost close to 50 per cent of the budget. I say this because everything the government has put its hands on and tried to operate has failed. I grant there are some responsibilities that government has to look into but they will always lose money on them.

The example I want to use here is, thank God, a federal problem. The biggest example of failure, poor service, disarray and confusion is the mail service. I do not want my health care system in Ontario compared to that, but if we are not careful, that is what is going to happen. We are going to have doctors who will not work on Sundays, Saturdays or holidays. Then we are going to have to make a deal with the doctors and compensate them for working at nights after six o'clock or on Saturdays, Sundays and holidays. That is going to cost a lot of money and is not going to help the system get any better.

Maintenant, j'aimerais prendre quelques instants pour m'adresser à la Chambre en français. Je dois dire qu'en premier lieu, je suis pas mal déçu du fait qu'on soit obligé de bousculer les docteurs de cette façon. Je crois sincèrement qu'en mettant un peu d'eau dans leur vin, les deux partis auraient pu en venir à une entente, sans être obligés de voir nos hôpitaux à l'envers, nos docteurs qui semblent refuser de donner les soins médicaux et les patients et les commettants de mon comté qui s'inquiètent, qui s'excitent et qui ont peur d'être malades, qui ont peur d'affronter leurs docteurs. Puis encore, ils ont peur de ne pas obtenir de services; parce que partout, il y a des gens malades et des gens qui ont besoin de services.

Quant aux tactiques dont les docteurs ont décidé de se servir pour se faire comprendre, je ne suis pas tout à fait d'accord avec elles. C'est seulement qu'on fait affaire ici avec des gens qui ont peur de perdre leurs chances de réussir dans la vie, à leur façon et comme ils le méritent.

La plupart des docteurs à Cornwall ou aux alentours de Cornwall qui sont très fâchés, qui sont les plus militants, sont des docteurs qui viennent, pour la plupart, d'autres pays. Ils viennent de pays où ils ont servi sous un système social, où la médecine était contrôlée complètement par le gouvernement. Ils ont choisi de venir ici parce que, d'après eux, quand ils regardaient le Canada, ils se disaient: "Ça, c'est un endroit où on est libre, c'est un endroit où, si je fais mon ouvrage et si je le mérite, je serai payé en conséquence."

C'est pour ça qu'à Cornwall les docteurs sont tellement mécontents et tellement inquiets. C'est parce que d'après eux, ils se trouvent à avoir perdu tout idéal, parce que lorsqu'on prend une décision dans la vie pour aller dans quelque métier que ce soit, plombier, pharmacien ou politicien, l'idéal compte pour beaucoup. Lorsqu'on éteint les lumières sur cet idéal, il y a plusieurs gens qui se posent des questions, qui s'inquiètent, qui ont des réactions qui ne sont pas toujours avenantes à leur personnalité et qui causent souvent de l'inquiétude parmi les gens, surtout en ce moment, par les services réduits des docteurs.

Mr. Speaker, with your permission I would like to read some excerpts from a family physician who is a friend. I think you will appreciate his thoughts.

"The new Health Care Accessibility Act, 1985, with its punitive riders is no more than a procedure to achieve the enforced enslavement of the medical profession and, when further

examined, the enslavement of a patient public. This is the beginning of the enforcement of state control of everything, and the ideology appears to be the establishment of a totalitarianism system of government.

"It is the medical profession and patients today but, like some spreading cancer, the state, by its very nature, will invade and then capture every nook and cranny of society.

"The economic implications of the financial crisis, the advances of medical technology and the populist expansion of the totalitarian welfare state exaggerates this tendency. Increased cost is taken by the state as an excuse to exercise authoritarian controls over medical practice—which is what is happening now. No longer will the ethical standards of medicine and the independent judgement of its practitioners be the main goals of state medicine. Now the ledger entries of the planned economy take precedence. The very complexity of the totalitarian welfare state will offer an alibi to the planners for the implementation of their preconceived ideologies. If this act is passed, the state will gradually strangle medical practice and patient care, just as it will ultimately stifle the economy....

"This whole question of extra billing is a blind—the intention is to acquire totalitarian control of society. Under the guise of looking after the public's interest, there are the manipulations and manoeuvrings intent on acquiring power.

"These same honourable people who cry out that patients have a right to access to medical care are the ones who are limiting access and availability, thus denying medical care, while at the same time presenting themselves as great benefactors. Have they stated that they have already instituted proceedings which will limit the number of doctors in an area and that there will be punitive repercussions if hospitals grant privileges to new doctors coming to their area, even if the area is in great need of such doctors?

"Have they told you that there are constraints being enforced whereby hospital staff, and so service, is to be reduced—these honourable people who shout about job creation? Have they mentioned that there are in many areas an ageing doctor population which will need to be replaced in the next 10 years? Have they told you that they are already taking steps to limit certain types of procedures in outlying hospitals?

"And these are the honourable people who talk about accessibility...."

7:30 p.m.

"Both the Canada Health Act and the Health Care Accessibility Act, 1985, pertain to the political term 'extra billing.' Where does health care come in? What care is being offered in return for insurance paid and where? The patient public must ask these honourable benefactors: What care? By whom? Where? When will I get the care I need and want and from a person of my choice, or will I get the care a political presidium dictates is good for me?

"The patient public must realize that when their care is paid for in whole or in part by a totalitarian government, they ultimately will have no right to choice of doctor, no right to choice of treatment. They must also realize that when medicine is completely controlled by the state, the doctor has no right to render care. Likewise, the patient in such a system has no right to receive care. Both rights will depend on the government's largess.

"In their freedom, doctors would like to continue giving personalized service to their patients. With loss of freedom, patients must expect only a socialized service.

"It must be pointed out that all state systems of medicine have failed, both behind and in front of the Iron Curtain. In the UK, the government has seen fit to encourage private insurance and private, non-NHS-participating hospitals so as to gain relief from the increasing financial burden of state medicare. From its inception, the NHS ledger has always been in the red and, no matter what our—socialist? communist?—benefactors do, OHIP will always be in the red. However, by denying or limiting accessibility by legislating availability, our honourable benefactors may achieve a plus balance. Only they are not honest enough to point out to the public that the machinery for limiting availability is already in motion.

"It has been stated that the fundamental failure of all state systems is that the individual—patients and their doctors—become careless. The individual becomes careless of his own standards—the state will always provide; this is what was promised. He/she couldn't care less about the problems of others; it's the state's problem. But the state will see to it that more pressure is placed on the volunteer and charitable organizations. In the end, these will not be able to do any more, because charity will become a dirty word and because the state promised to provide and it is the state's responsibility. Not having money of its own, the state will confiscate through taxation.

"The intent in the destruction of doctors appears to be the achievement of equality, and

the instigators of this pogrom are avid worshippers of equality. They know the only way to achieve equality of outcome is to damage the best, hinder the productive and enslave the creative. They will not see nor accept, however, that in the end the best won't bother, the productive won't produce and the creative will use their talents to avoid helping their captors. They will expect all to kowtow, and if anyone dares to attempt to come out from underfoot, they will be accused of being irresponsible, immoral, unethical or whatever adjective could be found to ensure conformation by humiliation.

"Inherent in this aggrandizement of public service and denial of monetary self-evaluation of a group is the instilling of fear in the mind of the public: the fear that no other system would work and emphasizing this by denying other insurance coverage; fear that they cannot afford medical care if this punitive action is not taken; fear that adequate treatment cannot be expected from a money-greedy doctor so they must be enslaved and have no freedom of choice; fear that if the system is not supported, they would be cast aside and left to die; fear that without the welfare state, there will be no life worth living; fear that if the welfare state gets into trouble there would be no more freeloading.

"The main substance in both acts has been the presentation that all the ills of the health care system have been due to the greedy, money-hungry, money-oriented doctors. As evidence, there has been the presentation that the average doctor earns \$120,000 a year (it varies according to what impact on the public is intended). It is quoted that this figure is from Revenue Canada.

"You well know that only those facts and figures are used which appear to support an argument, and no debater is going to present facts and figures unfavourable to his/her argument. Why not be honest and present the whole range of incomes? Why only the top-bracket earners? Why not present the fact that, on an average, that top-bracket earner has to work 86 to 96 hours a week, which works out to about \$28 an hour? After overhead expenses, which include rent, heat, light, telephone, building tax, staff salaries, equipment, stationery, medications, patient conveniences, he still has to pay back to the government in taxes the sum of about \$38,000.

"Why doesn't the government tell the public how much money they confiscate back from doctors and what they do with it? Any plumber, electrician or motor mechanic working those hours can earn that money. Will they, however, be at the beck and call of their clientele 24 hours a

day, year in and year out? Will they always get out in any sort of weather to go and attend to someone? Will they take on the overwhelming responsibility of looking after human lives?

"Will they tolerate sacrificing their families, friends and private lives for the sake of a patient? Will they be willing to sacrifice earning time to attend departmental and committee meetings at the hospital without remuneration? Will they sit up nights reading journals or listening to educational tapes to keep abreast with medical knowledge? Will they take unpaid leave to attend conferences and seminars? What about volunteer work with service clubs and various medically related community societies?

"I very much doubt that they would. Furthermore, no lawyer will work for \$28 per hour, nor for that matter would the honourable members of the presidium. Yet doctors are persecuted and presented to the public as being a greedy, money-oriented group.

"With all the hooha and shouting, you would really get the impression that the honourable members place a high value on human life. Is this really so? No! An emphatic no. Their evaluation of human life is reflected in the pittance they offer for services, and they are hell-bent to forcibly enslave and conscript doctors into accepting this evaluation of human life.

"Please read and reread Bégin's—as far as I am concerned, dishonourable—Canada Health Act, for in it lies all that is required to establish a state system of medicare that is to be totalitarian. Not concerned with public welfare but concerned with political existence, the honourable members saw fit to give it easy passage. The evil that 'man' does for power: it is well charted that power corrupts and that total power corrupts totally.

"Over the years, there has evolved a gnawing suspicion that the doctor of medicine was envied by persons from other walks of life. This envy at times is presented as resentment to the fact that the doctor by his calling and practice had control over people's lives.

"Because of this envy and resentment there arose a retaliatory desire to control and subjugate the doctor. They have discovered that the best way to do this was to control the doctor's freedom to practise, his relationship to his patients and his independence. The Canada Health Act and the Health Care Accessibility Act were brought into being to achieve this purpose."

That was signed by Indra Deepan, a doctor in Cornwall.

Encore une fois, il me fait plaisir de parler dans ma langue maternelle. Je voudrais seulement

terminer en disant que je vais appuyer mon parti et je n'appuierai pas le projet de loi 94. La raison principale est que ça enlève les droits qui ont été acquis par des gens qui, avant de se lancer dans la médecine, n'avaient aucune idée de ce qui les attendait. Donc, avec ça, je voudrais vous remercier, Monsieur le Président.

7:40 p.m.

Mr. Brandt: I rise to join in this debate and perhaps to amplify some of the comments made by my colleagues with respect to our opposition to Bill 94 and the principle that is outlined in that bill.

I spent most of the time during the course of my earlier remarks addressing the question of whether a mediator might, in effect, have some influence on the matter that is not resolved between the government and the Ontario Medical Association. It has been the position of our party consistently, as members are aware, that we endorse the concept of bringing a mediator into the dispute with the specific purpose of attempting to break the present logjam.

I want to say to the members opposite and to the members of the third party that we have some very serious concerns in regard to what this bill is going to do to Ontario and to health care in our province. I want to take a few moments this evening, in the opportunity that is presented to me, to articulate a few of those positions and views and to continue to make an appeal to the government to look at this whole matter in an intelligent and open-minded way.

First of all, the OMA has put before this House, not only today but in early negotiations with the government, a position it has agreed to that would effectively wipe out extra billing in this province. It has said it would not extra bill those senior citizens who are 65 years of age or over; it has indicated it would not extra bill emergency cases or individuals who were on a limited income, either welfare recipients or persons on low incomes.

To put that into context for the members opposite who have created this problem by bringing in Bill 94, at present about 10 per cent of the physicians in this province are involved in the process of extra billing. Of that 10 per cent, when one takes a look at the total fees for doctors in this province, something on the order of about three per cent is the actual total amount that is extra billed. That was before the OMA agreed to certain other negotiated changes that it and its membership have brought forward in an attempt to find some middle, negotiable ground with the present, intransigent government.

What would happen would be that the three per cent—and that is the figure we are talking about—would in all probability go down to about one per cent or maybe 1.5 per cent. That is the problem that was created by the third party when it signed the accord with the Liberal Party in an attempt to get extra billing banned for the entire province.

What they have done with this bill is to shroud it in a number of words that bear no resemblance to what the net impact of this bill is going to be. The first thing they have done is to completely mislead the people of this province by talking about a Health Care Accessibility Act. That is a misnomer if I ever heard one. It borders on misleading, Mr. Speaker, to use a term that I know is now parliamentarily acceptable because you allowed it to go past today, and it borders on misrepresenting not only the people of this Legislature but also the more than nine million citizens of Ontario.

I say that because for 15 years I have been involved in a profession I thought very highly of until this bill came forward—the profession of politics. In that profession, we have always looked at trying to deliver to the public truisms, statements that bear some resemblance to the truth. Some might argue that position, but I am going to attempt to do that in my address tonight. My colleagues opposite should have done that when they talked about accessibility to health care in this province, because there was no lack of accessibility. I say that because of the 15 years I have spent in this profession, which I think is an honourable one.

I have yet to receive one phone call from one citizen of this province, in my riding or elsewhere, indicating that he had difficulty getting access to the services of a medical practitioner, a doctor. That says something for what has happened.

I am glad the member for Wentworth North (Mr. Ward), the parliamentary assistant to the Minister of Health, is here. He has moved up to the front row. I do not know whether the parliamentary assistant has received a promotion, or whether he is just acclimatizing himself to the day when he is going to move up to those hallowed benches in the front.

An hon. member: It is purgatory.

Mr. Brandt: It certainly is purgatory for the minister he is now assigned to and for the Premier (Mr. Peterson), who normally sits just a couple of chairs opposite the member.

There is something we have to draw attention to with respect to what has happened with this

bill. First of all, it has misled entirely, or bordered on misleading entirely, the people of this province because it talked about accessibility when there was no problem with accessibility.

I challenge the parliamentary assistant to tell me the number of calls he received during his very short stay here in the parliament of Ontario. I challenge him to tell me about the great number of calls he received in his constituency office from people who were desperately in need of a doctor and could not find one who would not extra bill or could not find one because of the specialty they required at a particular time.

I have to tell the parliamentary assistant that in all probability he received absolutely no phone calls whatever, because that is the experience I had. He nods in the negative. If he wants to stand up on a point of order and explain that he has received a great number of phone calls, I want to tell him before he does so that I want the names of those individuals and their phone numbers. I want to get back to them, and I want to qualify what he says in defence of the challenge I have just thrown out.

An hon. member: If I give the member names, does he promise to call everyone back?

Mr. Speaker: Order. The honourable member is not in his seat.

Mr. Brandt: Yes, I promise to call everyone back.

The other thing that has happened in the context of this bill is that, in addition to the problem the government has created in the minds of some members of the public about accessibility, it has put forward an age-old socialist principle known as something for nothing: the free ride, the free lunch, the free whatever the service or program might happen to be, without anybody having to pay for it.

Interjection.

7:50 p.m.

Mr. Brandt: I have to tell the member for Hamilton West (Mr. Allen) and the other members of the third party that if I honestly believed there was something in this world that was entirely, totally and unequivocally free, I would probably join the member and his party, or others, who really believe that on a point of principle. They believe that, somewhere along the line, these things are delivered totally free without responsibility, obligation or payment of any kind.

With the greatest respect to my friends across the way, I say that by removing the very limited amount of extra billing that is going on in this

province, the very finite amount of money supposedly hurting this system, and creating, I might add, a two-tiered system—and I want to talk about that in a moment—if in fact that is the problem, what is going to occur as a result of this new, totally free, one-tiered health system the government is promoting within the context of Bill 94 is that the costs of health care in Ontario are going to accelerate very rapidly for a number of reasons.

The so-called transfer funds the government is going to get from the federal government are going to evaporate absolutely within the context of a whole series of other actions that are going to occur. The government is going to end up costing this province and the taxpayers of this province a great deal of money for a system that already extracts 30 per cent out of the total budget we all have to work with. Thirty per cent of the total budget of Ontario is shifted directly into health care. It is going to move even more quickly. I promise that in the short months and years ahead, this 30 per cent will take an ever-increasing percentage of the total budget.

An hon. member: It is 33 per cent.

Mr. Brandt: The parliamentary assistant corrects me and says it is now 33 per cent. The shift has already occurred. As I stand here and speak, it has gone up by three per cent. As I stand here and speak, he can see how quickly it is accelerating.

I see the worried face on the Minister of Colleges and Universities (Mr. Sorbara), who is desperately trying to get more funds for his programs. He sits there with a look of scorn and a look of real concern on his face because he knows there is not going to be any money left for universities. Were the Minister of Education (Mr. Conway) here, he would have the same concerns, because that is exactly what is going to happen, and it is going to happen because the government has taken some of the responsibility out of the system. It has removed the very limited amount of responsibility that was there.

It has done that with the concurrence, support and some of the yahoo statements made by the members of the third party. The parliamentary assistant can look up the definition of the word "yahoo."

An hon. member: I just wondered whether it is parliamentary.

Mr. Brandt: It is probably in Webster's; it will be near the end of the book, somewhere under "Y."

I say to him and to the members of his party that a very dramatic shift has occurred on the part

of the government of the day. It was only a few short years ago that the present Premier, the member for London Centre, indicated extra billing was not a problem in this province. Extra billing was not a serious or significant situation that had to be addressed by the government. He made public statements.

Now, all of a sudden, there has been a change of attitude on the part of the Premier and I have to ask why. The answer, very quickly, we all know. Those of us who are members of the party I so proudly belong to realize it came about as a result of a very small short document, with about a dozen features on it, known as an accord.

That accord said: "From this day forward, extra billing shall be banned. Whether it is justified or not is not the question; extra billing is going to be banned because we are going to create this bugaboo of accessibility. After accessibility, we are going to talk about the problem of the transferability of the moneys from the federal government. We are going to tell the people"—

An hon. member: Why does the member disagree with his federal counterparts?

Mr. Brandt: I will get to that if the member likes. I would be most happy to, because the constitutionality of those transfer grants has not yet been established. Whether in fact the federal government, which the government is holding up as one of the reasons for—

An hon. member: Oh, no. You are holding it up.

Mr. Brandt: If the member wishes to speak, I will be glad to give up my place. He is constantly interrupting me, Mr. Speaker, and you have not yet drawn attention to the fact that he is doing this.

An hon. member: I am not in my seat.

Mr. Brandt: He is not even in his seat. That is the other thing.

Mr. Speaker: I did inform the member for Wentworth North that he should not speak or make any comments or interjections while not in his seat. I can continue if you want a little rest or anything.

Mr. Brandt: No, not at all. I am anxious to get on. I want to get into the main body of my address here and I am just warming up to it.

The fact of the matter is that the constitutional-ity of the \$53 million a year and the sum total of about \$100 million a year has not yet been firmly established. The government again is right on the borderline of misleading the public of Ontario by suggesting that money is lost.

When the member for Windsor-Riverside (Mr. D. S. Cooke), who has been the key spokesman of the third party for health issues, stands up and talks about the fact that \$1 million a week is being lost by this province and that the extra billing is amounting to another sum of about \$1 million a day, I think those statements are going to be proven to be modestly inaccurate. There is no proof whatever that any dollars are lost to the system or to the taxpayers of Ontario. It is a nonstarter of an issue.

Two of the key reasons the government brought in the kind of draconian bill we have before us and are fighting so hard to defeat—the pillars, the foundation upon which its entire argument is based—are actually without substance, and that is what bothers me. Why are the Conservatives in the Legislature of Ontario fighting as hard as we are? Why are we prepared to debate and to argue this issue throughout the night and throughout the day tomorrow and for as long as we are allowed to speak with respect to this issue? Is it only because we are defending 17,000 doctors in Ontario?

Sometimes politicians are accused of doing things for votes only. When we are fighting for the 17,000 doctors, we are not looking for votes. We are fighting for the freedom, the fairness, the respect and the professional independence that deserve the kind of support we are giving them in the Legislative Assembly of Ontario.

We are fighting for a group of individuals who, through self-sacrifice, dedication and commitment to their profession, have risen to the top of a professional group. They are practising medicine and providing in our province a good level of health care that we have grown to appreciate as a system that is probably second to none in the entire world. They should be well paid and they should be defended.

I make no reservation and no apologies whatever about the fact that I am prepared to fight, in spite of the fact that when one looks across this great province of ours there are not a great number of votes. There is a very key principle involved, and that principle is the right to practise one's profession as an independent practitioner without government intervention. That is a very key principle, and on whatever bills are brought forward by that government, this party will continue to fight for that principle, whether it applies to doctors, lawyers or virtually any segment of our society that is being beaten by a government that is as insensitive and as uncaring as the government that has brought in Bill 94.

The thing that bothers me most about Bill 94 is a matter I would like the members of the government who are present—there is only a scattering of them in the House this evening; they are probably all out sitting around the table talking about the—

Hon. Mr. Sweeney: Look behind you.

Mr. Brandt: The Liberals are the ones who asked for this all-night debate and they are going to get it. I know these words of wisdom will perhaps fall on deaf ears, but I want to share them with members opposite in any event. I hope members of the government, whatever their professions, whatever their callings before they took seats in this House, will listen carefully to what I am about to say.

What concerns me most about Bill 94 and what concerns me most about what has happened with respect to the very difficult road we have all travelled, which has led to closure today and to the vote that will inevitably take place tomorrow, is the attitude of this profession after this whole thing is all wrapped up, after it is all over with.

8 p.m.

Have members thought about that? Have they thought about being on an operating table after Bill 94? God forbid that one would tell the doctor one was a Liberal or a New Democrat if one were on that operating table, if one's life hung in the balance and one were lying there totally at the whim of that independent practitioner of the science of health and he knew full well that the right to practise as an independent professional had been taken away, had been rustled away from him; a right that they are fighting for to their last breath as a result of what that government has done.

Hon. Mr. Sweeney: That is the most insulting thing you have said about doctors all night. You are insulting doctors when you say that; that is an insult.

Mr. McGuigan: That is the most insulting thing you have said yet.

Mr. Brandt: Oh, sure. What the member, his Premier and the Minister of Health (Mr. Elston) are doing is playing on the professional integrity of doctors to look after their patients no matter what. That is what they are counting on happening. They are saying that the doctors are not going to go on strike and are not going to close emergency wards. The member and the members of his party think they have them over a barrel because when push comes to shove, the doctors are going to be there to look after their patients.

They might be right. I give the doctors every degree of respect and I have every admiration for them if that is their decision, but they are fighting with whatever limited tools they have currently at their disposal. I would be fighting as well, if I were in their position; I would be doing everything to resist this kind of legislation, this kind of creeping socialism into a professional group.

Hon. Mr. Sweeney: You would fight on the operating table; do not be so ridiculous.

Mr. Brandt: If the Minister of Community and Social Services (Mr. Sweeney), as a teacher, had his professional independence taken away in quite the same way—

Hon. Mr. Sweeney: I would not take it out on the kids; I tell you that.

Mr. Brandt: Oh, no. The doctors have not taken it out on their patients, either.

Hon. Mr. Sweeney: That is what the member is suggesting. He is suggesting someone is going to be on an operating table and someone is going to take it out on him.

Mr. Brandt: I am suggesting the attitude of doctors—

Hon. Mr. Sweeney: Do not be so damned silly.

Mr. Brandt: The minister should not be so damned silly. They brought in the stupid act, not me.

Mr. Speaker: Order.

Hon. Mr. Sweeney: That is an insult to any doctor.

Mr. Speaker: Order. The member for Sarnia has the floor.

Mr. Brandt: The members of the government are counting on the professional integrity of doctors to continue their dedicated service to their patients. That is their ace in the hole, the only one they have on that side of the House. They know that when it comes right down to the bitter fight, the doctors are going to continue to look after their patients. That is what it is all about. But I come back to the point I made earlier, I concern myself with the attitude of doctors.

Will they be quite so eager to work 17 or 16—whatever number—of hours a day? Will they be quite so eager to put out their time, expertise and abilities on weekends? Will they be quite so eager to spend the amount of time away from their families that they do at the present time? I know very few doctors, if any, who work a 40-hour or a 50-hour week. The vast majority of

them put in an absolutely unrealistic number of hours in an attempt to serve the people of this province and to provide a tremendously high level of health care. The vast majority of doctors are dedicated. They put in those numbers of hours and that kind of service to the people of this province because they hold their profession in very high esteem. Over the years, they have provided a level of health care that is second to none.

I listened with great interest today to the knowledgeable members of the government. During my leader's windup remarks on the closure measures that were introduced by the government House leader, a member in the third row got up. He sits very close to the Minister of Health's parliamentary assistant, the member for Wentworth North, who surely could have leaned over and held the man down. Just as my leader got into the closing seconds of his address, the member for Frontenac-Addington (Mr. South) rose on a totally inappropriate point of order.

He said—can members believe this—“No emergency wards have been closed in Ontario.” That is how up to date some of the members are on that side of the floor. He has not picked up a newspaper. He has not had one of his colleagues whisper anything in his ear. He has not had any kind of communication with anyone to let him know that we have some serious problems with health care in this province as a result of what the government has done to date and as a result of what is going to happen if and when Bill 94 passes.

Hon. Mr. Sweeney: There was a doctor in every one of those wards.

Mr. Brandt: I can tell the member that to send patients to another ward, to assess the patient and to see if the patient could go to—

Hon. Mr. Sweeney: A doctor was there.

Mr. Brandt: I will give the member a hospital where the ward was closed. Try Sarnia General Hospital in my riding. All the patients who went to that emergency ward were transferred to St. Joseph's Hospital, where the numbers of patients doubled and tripled over the course of the last couple of days, where the amount of time required for the patient to receive service went up two and three times and the waiting period was two or three hours—now four, I understand.

Hon. Mr. Sweeney: An assessment is a medical procedure. There was a doctor there.

Mr. Brandt: Oh, cop out and tell us about assessment being a medical procedure.

Mr. Speaker: Order. Will the member for Kitchener-Wilmot (Mr. Sweeney) control himself?

Hon. Mr. Kerrio: You are right, Mr. Speaker. I cannot hear what he is saying.

Mr. Turner: Which one?

Mr. Speaker: The member for Sarnia.

Mr. Brandt: Thank you, Mr. Speaker, for bringing a degree of civility into this House. It is much appreciated.

I would suggest very strongly to the parliamentary assistant to the Minister of Health, the member for Wentworth North, that he perhaps enlighten his benchmark, the member for Frontenac-Addington, with respect to what is going on with health care.

In the most recent assessment announced in the media today, the past president of the Ontario Medical Association, Dr. Ed Moran, indicated that the actions taken by the OMA are fully supported by 75 per cent to 80 per cent of the doctors of this province.

Whether that figure will grow, and what the net impact of that is going to be in terms of patient care and future hospital closings, whether on a cyclical basis or whatever, I cannot say. All I know is that the disruption and chaos, and the problems we are faced with today in the health system of this province, are the worst in its history. They bear no resemblance to the very small problem that was supposed to be in evidence a year ago—according to what the government indicated—when we first heard that the accord was going to call for a ban on extra billing.

If the government wants to upset doctors, to upset the leading edge of what health care is all about in this province and to destroy the high quality of health care to which we have grown accustomed in this province, one could not find a better mechanism, quite frankly, than the way this government has proceeded during the course of the recent, very limited debate we have had on Bill 94 and during the time leading up to that debate, when the government told the doctors what it was going to do to them.

What the doctors are trying to fight is not all about money. I have heard it said—and talk about irresponsible statements. There have been some totally irresponsible statements. When doctors are looking after their patients and trying, at the same time, to indicate their displeasure with Bill 94, some members of the Legislature have talked about doctors being money gougers, interested only in the almighty dollar. That is not what it is all about.

Interjection.

Mr. Brandt: Maybe the member did not say it, but there are other members who did say it. Why does the member not ask the Premier what he said to the doctors in some of the negotiating sessions? Why does the member not qualify some of the statements—he could refute them if he wants to—made during the course of some very bitter negotiations, when there was no way the two sides could be brought together to even sit down around a table and to find out whether there was some common ground?

8:10 p.m.

When our party suggested that the only logical, reasonable, realistic, intelligent solution was to bring in a third-party mediator to solve this thing, the government rejected it out of hand.

Does the member know what we said at that time? We said: "Set aside Bill 94. Do not cancel it or pull it back completely. Simply set it aside." The Ontario Medical Association has indicated very clearly that if the government will appoint a third-party mediator to this dispute, it will immediately put all doctors back to work. It will open all hospitals. All services will be right back at 100 per cent level, and the dispute, as far as the OMA is concerned, will be mediated in a proper, established setting for a negotiated settlement.

What we in this party were attempting to do was break the logjam. If the government thinks that was simply an impediment to the passing of Bill 94, if it thinks we were looking for some kind of indefinite stoppage of Bill 94, we know full well it is not about to be convinced by any arguments that would suggest this. What we were looking for was to stop some tragic developments in the health care field from occurring as a result of 75 per cent to 80 per cent of the doctors supporting some kind of strike action, and as a result of some emergency wards being closed down on a rotating basis.

Even in the best of circumstances, Mr. Speaker, you and I know full well that even with all doctors operating and all hospitals functioning at their best capacity, a life-threatening situation can always develop in which someone's life could hang in the balance, even with the system proceeding forward on all cylinders and without any impediments or problems. How much more risk is injected into the system; how much more chance does one take when these patients are put at further risk, recognizing that hospitals are going to be closed on a rotating basis and that a large number of practitioners are simply going to be elsewhere than in their offices or in hospitals?

What are the doctors fighting about if they are not fighting about money? There are members of the third party and members of the government who would like to have this whole argument focused on more money for doctors. When they extra bill, they put all of this extra cash in their pocket; when they extra bill, they take advantage of the poor, the sick and the elderly. That is hogwash. That is not what is happening. There is no two-tier system of health care in this province, and if the government wants a two-tier system of health care, then it should listen carefully to the next part of my remarks, because I am going to tell it how to get there.

The two-tier system of health care, after Bill 94, can proceed very comfortably in the direction of the British health care system. That ought to frighten members a little bit. Look at Britain at the present time. This is one of the things that has concerned the medical profession, one of the things it is fighting for on a point of principle rather than on anything to do with dollars. Where we have injected a form of socialized medicine into—

Mr. Wildman: Hear, hear.

Mr. Brandt: I knew that member would agree with it.

Where we have injected a form of socialized medicine into the system, what we end up with, first, is the understanding—and this is the basis under which it is sold originally—that it is free and that one can get to see a doctor, irrespective of qualifications, just by knocking on his door and going into his office. It is a very simple way to get one's health needs looked after.

But the reality is that it does not work. The reality in Great Britain at the present time is that one does not get to choose one's own doctor in quite the same way as one does in Ontario.

Mr. Wildman: Did Margaret Thatcher write this?

Mr. G. I. Miller: We are not in Great Britain.

Mr. Brandt: The reality is that in Great Britain, if one wants to see a doctor or if one wants to go to the hospital to have elective surgery, one has to wait a year and a half or two years in some instances.

Mr. Wildman: Is Margaret Thatcher responsible for this?

Mr. Brandt: No. A party which very closely resembled that member's party brought in that form of socialized medicine, which I want no part of.

Mr. Wildman: What has Margaret Thatcher done about it?

Mr. Brandt: Mr. Speaker, I am being badgered again.

One can see what happens when one has socialized medicine. What they have done now in Great Britain is that certain individuals have extricated themselves from that so-called one-tier system of health care.

Mr. G. I. Miller: That is scare tactics.

Mr. Brandt: Scare tactics? This government has a lot of people in this province frightened, and when the member talks about scare tactics, Bill 94 has scared more people than he perhaps realizes.

Let me tell members what has happened over there. The very rich go to a fully opted-out doctor, someone who is outside the system, where one can afford the very best of medical care, the very best and the élite of doctors. One goes and pays the cash out of one's pocket with no reimbursement from the government. One goes to that kind of doctor. They have private hospitals in Britain at present that cater to the very rich.

If the government wants to take this province by the hand and lead us through the maze of socialism that it is raining down on our necks with virtually every piece of legislation it can bring forward, then as sure as I am standing here it is going to end up getting a two-tier health system in this province. The fact is that Bill 94 is not clearing up a two-tier health system; it is going to lead to a two-tier health system.

Hon. Mr. Sweeney: Name one Canadian province that has that; never mind Britain.

Mr. Brandt: In British Columbia, doctors now are told where they are to practise.

Hon. Mr. Sweeney: I asked, where is there a two-tier system in Canada?

Mr. Brandt: Does the member not think that is an unnecessarily—

Interjections.

Mr. Brandt: Let me cite as an example what happened in Quebec when it brought in the mirror image of Bill 94. We all know that at the time that bill was brought in in Quebec, hundreds of doctors, primarily and specifically specialists, left the province to go elsewhere. Where did they go? They went to—

Hon. Mr. Sweeney: Where is there a two-tier system in Canada? Where do they have one?

Mr. Brandt: There is worse than a two-tier system there. When specialists left that province, they came to Ontario where they could practise

their specialty freely, without interference by government.

What they have is worse than a two-tier system. Let me tell the member what that system is. There are many municipalities, communities and regions where specialists are not available. They are not available because they have left. You cannot beat up on doctors, pound them into the ground and take advantage of their professional integrity; they leave the province. That is what they did; they left the province to serve elsewhere.

Mr. Wildman: Are there no specialists left in Quebec?

Mr. Brandt: I heard from the back reaches of the third party that I was supposed to have said that they do not have any specialists in Quebec. I did not say that at all. I specifically said that hundreds of specialists left that province to practise where they could do so without government intervention, where they could practise freely with a relationship they chose to have between patient and doctor. I see nothing wrong with that. They left that province because they did not want to have government control over their lives, their profession and the relationship they have with their patients.

They came to Ontario, which was going to be an area where their professional freedom was protected. While there was a government that respected their professional freedom—

Interjections.

Hon. Mr. Kerrio: Mr. Speaker, I cannot hear a thing.

Mr. Speaker: Order. I cannot hear a thing either for some reason. Question period has not commenced yet. It will commence on Monday.

Mr. Brandt: When question period commences again and when people start to answer questions, it will not be with the current government on that side of the House.

Mr. Wildman: Why does he make such specious arguments?

Mr. Brandt: The members of the third party will have every opportunity to speak immediately following the conclusion of my very brief remarks. When I have concluded my very brief remarks, the members of the third party will have every opportunity to stand up and set forth the principles they stand for. I give them credit for only one thing. At least they have said consistently to the people of Ontario, which is something the other party cannot say, that they are against extra billing. They have said that all along. I understand that position. I do not agree with it. I

think it is a backward, shortsighted and unnecessary position, but they have a position. It is not a very good one, but they are stuck with it.

8:20 p.m.

The johnny-come-latelies across the way have a position on this issue only as a direct result of having signed an accord, an accord the government is trying to weasel out of in some respects these days. They are trying to remove themselves from some of the—

Hon. Mr. Sweeney: The member should check his former leader's position in 1971.

Mr. Brandt: What is the member opposite cackling about, Mr. Speaker? I am trying desperately to hear what he has to say and to ferret out of him some intelligent comments.

Hon. Mr. Sweeney: The member is talking about changing positions.

Mr. Brandt: If he wants to stand up, he too has an opportunity to stand up immediately following an address from the members of the third party. At the moment, as you well know, Mr. Speaker, according to the rules of this House, I have the floor for a few very brief moments to share some of my thoughts and principles with you.

The principle contained within this party has been consistently that the small amount of extra billing, the very limited amount of extra billing that has gone on in this province, has not created a two-tier health system, and it allowed the doctors at least an element of professional freedom that Bill 94 takes away from them.

That should concern the members of the government because of the attitude it is going to create within that very esteemed profession, a profession that takes a lot of self-sacrifice, dedication and commitment to get to the point where one finally gets out into the working world, practises one's profession and starts to earn a living. At that time, big government comes along, Big Brother comes along and says, "Thou shalt no longer extra bill, the very limited number of you who do extra bill."

Hon. Mr. Sweeney: What did the federal Tories vote in 1984?

Mr. Brandt: I am going to stay in this House and listen to the comments of the Minister of Community and Social Services because he has such a great deal to say. I must be touching a nerve over there, because he keeps interrupting. He knows he is on very shallow ground and on a very shaky foundation with respect to this bill, which I predict is going to come back—

Hon. Mr. Sweeney: This bill is a result of 1984 federal legislation.

Mr. Speaker: Order. Could I ask the Minister of Community and Social Services to use a little Velcro?

Mr. Brandt: I would like to predict that Bill 94 is going to come back to haunt the government through the months and years ahead in a way it cannot even envisage at present. They are going to have difficulties beyond belief. They have taken something that was perhaps not a perfect system of health care, but something that worked and functioned extremely well.

It was the model that people looked at as being the way to deliver health services to the citizens of this jurisdiction. It was a health care system that encouraged and motivated Senator Kennedy from the United States to come here and study it, so he could take back some of the good ideas we had here and perhaps introduce them into the US in some fashion. Why did he come to Ontario? He came for one very simple reason. We had the model of health care.

Hon. Mr. Sweeney: The Canada health system, the Canada Health Act.

Mr. Brandt: We had the absolute ultimate in health care compared to any other jurisdiction virtually anywhere in the world. My friends in the third party have asked, "What about the American system of health care?" I do not happen to like the American system of health care. I do not like that flat-out, free enterprise system of health care that can bankrupt a patient. That cannot happen in the Ontario jurisdiction because people are provided for under the type of health care we deliver. They are not provided for in the US.

This is where the Liberals have lost sight of the whole question in their party. We have developed a very sensitive, balanced system of health care that took the best of an element of freedom for that profession, such as they have in the US, and balanced that against the flat-out, so-called free health care they have in Great Britain that has been proved not to work. We have found ourselves somewhat in the centre, delivering health services that provided adequately for the needs of the people of this province. That is the kind of health care system we had. That is the kind of health care system members opposite say, with grins on their faces, they are going to destroy through Bill 94. They will rue the day they brought in this bill.

The government is supposedly fighting for certain principles: to get rid of a two-tiered health system; the problem of accessibility; to stop the

doctors from gouging—the member's words, not mine—some of their patients; to get rid of all those bad features of what we have at the moment. In the process it is going to create a monster that will make those so-called bad features seem like nothing in the short period ahead. We in this party are fighting for the principle we would fight for irrespective of what the professional group might be, because we happen to oppose unlimited powers on the part of government.

We oppose, as some of the government party do, government intervention in all phases, walks, segments and sections of life. We do not believe that government can do everything better. We in this party do not happen to believe that one has to put the total control of a profession or a service or whatever in the hands of government to make it work well. The reason we are Conservatives and the reason we believe that so strongly is we have seen time and again that when one gets this kind of heavy-handed government interference in virtually anything—in our society, in our economy, in whatever—it ultimately ends up being operated at a level and at a quality below what it started at. Governments, through their bureaucracies, through their inefficiencies and their uncaring insensitivity and because of their very size, lose sight of the fact that there are some key matters in this world worth fighting for, such as the special relationship between a doctor and his patient.

Mr. Wildman: And his wallet.

Mr. Brandt: May Hansard record that once again we have heard this issue is one of the doctor's wallet. It has absolutely nothing to do with the doctor's wallet. If that were the case, why are 90 per cent of the medical practitioners of this province fighting against Bill 94 when they do not extra bill?

Mr. Philip: Oh, would you like an answer to that? Give me the floor and I will give you an answer.

Mr. Brandt: The member is going to have his opportunity very shortly. If he wants to have the opportunity to speak to that issue, let him mark it down on a piece of paper and we will listen quietly while he responds to whatever remarks I am going to make during the very few, short moments I am going to take with respect to this issue.

We have had a number of days of debate on this issue in committee and in committee of the whole House in this Legislative Assembly. During those debates, we brought forward a series of amendments in the hope we could get the government to shift ever so slightly towards

the kind of position that would be acceptable to both the medical profession and to the government, recognizing that the government does have a role to play in this whole matter. If they were going to move towards some form of ban on extra billing, perhaps some compromise position might be possible.

What did the government do with virtually every one of the amendments put forward by this side of the House? They rejected them out of hand. I recall with some interest that I sat here one evening and the Minister of Health indicated he wanted to bring forward an amendment.

8:30 p.m.

Do members know the amendment he brought forward? Even after rethinking the issue, after looking at it very carefully, he had to amend a part of the bill that was so bad, that created such negative signals for the professional community the bill addresses he had no other choice but to change it. That was the fine of \$10,000 when a doctor did not comply with the articles contained in Bill 94. The minister brought forward a change in that section and reduced it to a somewhat more acceptable figure. I say somewhat more acceptable because I do not think the fine is acceptable in any form, but at least he brought that down to \$250.

That gives some indication of the kind of thinking on that side of the House, that one can bring in a law, hammer somebody into submission and force him, through bills and legislation, to do whatever one wants him to do. With the medical profession one cannot do that, because one is talking about independent professionals who want to practise, not necessarily without government guidelines, not without rules and regulations, but on an independent basis with the type of contractual relationship they have historically had between patient and doctor. That historical relationship has served us very well.

Under Bill 94, they have tried to drive, and may well drive, a wedge in that relationship, which, as I predicted earlier in my comments and will restate again, is going to cause a deterioration of health services in this province. Let them mark my words. That is the reason we feel strongly about this bill.

We would rather be spending our time doing something else on a lovely evening such as we are all sharing here together in Toronto. We would perhaps like to be watching the evening news or joining our families for dinner or doing a number of other things, but we are here because we feel very strongly about this legislation. We feel very strongly about this bill and we are going

to fight this bill until the time at which the coalition that exists under the form of the accord between the other two parties passes Bill 94 and even after that.

The wounds, the scars, the problems and the difficulties this bill has created are not going to heal overnight and I doubt very much if they will heal during a period of years, if ever again in this province until this legislation is either cleared up, rolled back, modified or changed in some way, because it is bad legislation. It is bad legislation because it interferes in what I consider to be almost a sacred trust relationship between a doctor and his patient, and it has nothing to do with that sacred wallet relationship of which the members of the third party keep wanting to remind me.

It is interesting to note, and I just have to make a comment about this, that we have now moved in almost a step-by-step form from very difficult legislation as proposed under Bill 94 to the point where, if the doctors still do not comply, with government coming down in a very heavy-handed way on their profession—

Mr. Grande: Of course, you hope they do not.

Mr. Brandt: No, I am not hoping for anything. I am hoping for one thing. Let me sum it up in one phrase because this is something the member and I can agree on. Whatever happens, I hope the people of Ontario get the best health care of any place in the entire world. That is what I hope for. I believe it can be done through a different methodology than is being proposed in Bill 94.

I believe some modifications would have been realistic and those modifications are contained in a letter members received. I am not going to suggest the members of the third party did not read this letter but I saw a whole stack on their table in the back that did not even look like it had been touched. They happened to be distributed to each and every member of our party.

I will read it into the record, because I think it is important, and I will get back to the third party in a moment.

The title is "Concessions Offered by OMA to Government in Context of Bill 94 Dispute." It reads:

"1. No patient over the age of 65 would be charged more than the OHIP rate.

"2. No patient receiving treatment of an emergency nature would be charged more than the OHIP rate.

"3. No patient receiving financial assistance from your government would be charged more than the OHIP rate."

That removes just about everybody who cannot afford to pay. The people the member normally identifies as Conservatives, the rich he always talks about, the people who are supposed to be supporters of my party, the elitists, the ones who have all the money in the world—that is how he has identified our party in the past—are about the only ones left who would be extra billed. Mr. goodness gracious, here we are arguing for a principle that in all probability would affect some of the very people who have historically supported our party in one shape or another. It just does not make any sense.

Let us take a look at what is going to happen as a result of the passage of Bill 94. If the doctors do not comply at that time, if they do not agree to follow the outline of what is called for in Bill 94, let us send this message out to the medical practitioners of this province. Let us send out to the public the next message that is coming from this government and the third party, because although they have not used these words yet, they have used everything short of it, and it will be some form of "back-to-work legislation." I do not know how one goes about bringing in back-to-work legislation for a professional group that can all of a sudden close its office door and decide to take a vacation.

Mr. Breaugh: The member's party has done it with everybody else.

Mr. Brandt: They are privately employed professionals, under a government plan, admittedly, but if they decide they do not want to earn any income, they can lock their office doors and go south, north or east or perhaps west to Vancouver to take advantage of the fair that is going on in our sister province.

Mr. Wildman: Did the Leader of the Opposition (Mr. Grossman) not say he would support back-to-work legislation?

Mr. Brandt: The government and the third party are on a road map at present which leads from point A, being Bill 94, to point B, which at some point is going to force some other kind of heavy-handed legislation down the throats of the doctors. Something is going to have to be done, when 75 per cent to 80 per cent of the doctors of this province, based on Dr. Moran's figures as of today, are in agreement with the OMA and are in some fashion or another not practising their profession at present because of their violent disagreement with what the government is proposing to do within the course of the next few short hours.

I know it is too late to get the government to change its position. I know it is too late to get it to

modify or even amend bad legislation, but predictably, it is going to cause even more deterioration in health services than what we have experienced over the course of the past two or three days. The effect of this is going to be directly in the government's lap and directly on its shoulders.

Mr. Grande: Is that what the member wants?

Mr. Brandt: In response to my friend from the third party, no, that is not what I want. I wish this whole thing were over. I wish we could bring Bill 94 to an end in some fashion that would be acceptable to the two groups. I wish we could find a way to negotiate some form of settlement. That is why, in a spirit of goodwill, we reached out across the way and said: "If you will bring in a mediator, we will stop the debate. We will draw back from the position our party has taken, and we will allow the Minister of Health and the Premier to find some method of resolving this dispute."

On its side, the Ontario Medical Association indicated quite simply that everybody got back to work as soon as a mediator was brought in. All the hospitals would reopen the minute a mediator was brought in. That is taking a very dramatic step on its part, because the Minister of Health knows fully as well as I do, that through mediation we could end up in exactly the kind of position we are in here today. The mediator might be unsuccessful. That is the chance one takes.

All forms of mediation have been attempted in this province. Some are successful, some are not. As I said to the Minister of Health when he was in the House during the course of the brief remarks I made the other night, I can recall that when I was the Minister of the Environment, I brought in environmental mediation; and guess what? Surprise; it solved some problems. Environmental mediation had never been attempted in this province before. Some people looked at it as an enlightened move towards some form of resolution of a problem where there are two sides that cannot agree.

It was used in the area of Perkinsfield, because there it had an application that made some sense. I can recall people at that time saying, "Environmental mediation is not going to work." In Perkinsfield there were 16 or 17 special interest groups that all had to sit down around the table and resolve a very sensitive, delicate issue. The surprise was that they resolved it, and it worked.

My colleagues in this party are asking me, even as I speak, why we do not use mediation. I

guess that is the big question mark that has occurred over the past couple of days.

8:40 p.m.

Mr. Wildman: Why did the member for St. Andrew-St. Patrick (Mr. Grossman) not use it in 1982?

Mr. Brandt: We resolved 1982, my friend.

Mr. Wildman: By giving them all the money they wanted.

Mr. Brandt: No, the doctors of this province are not paid in any way, shape or form out of context with the way medical practitioners are paid in other jurisdictions.

Mr. Breaugh: It took quite a bit of skating to get to the end of that sentence.

Mr. Brandt: Not at all, sir. The fact of the matter is that a mediator has worked not only in environmental cases, but also I look at municipal disputes over boundaries where mediators have been appointed by the government to attempt to get a city and a township, or a city and a county, to sit down and work out and resolve boundary disputes.

We have a long litany of success stories through mediation. It has been offered, handed on a platter to the government. The Ontario Medical Association has pleaded with the government to accept mediation as a way out of the fixed and inflexible position it has taken. At that particular time, the OMA indicated all the other caveats to which it would adhere with respect to its position. All it wants is a third party to be brought in to help resolve the problem.

What has the government said? The government has said, "No." It does not want to resolve this issue in a responsible way. What it wants is a fight. Is that what it wants? I say that because of some of the statements that have been made and because of some of the comments that have got back to the doctors both publicly and behind closed doors.

Because of the attitude, environment and atmosphere of hostility it has created, we have a polarized situation that cries out for the introduction of a third party. It cries out for some form of resolution that is perhaps beyond the scope of either the OMA or the government at the present time. That is what a mediator is all about.

Let me address myself, if I might, in as gentle a way as I know how, to the third party, which—if it were any other group, organization, trade union, whatever, that was going to have back-to-work legislation—would be standing up for the so-called rights of that particular body, whatever

they might happen to be. It would be fighting for those rights, as well it should.

It should not take exception to our party when we fight for the rights of a group it has ignored. We want all the people of this province to receive fair treatment. Because this does not happen to be a group that the third party feels supports it—and I doubt that is the case, because I am sure there must be a misguided doctor somewhere in this province who supports the third party—

Mr. Wildman: Yes, he is working.

Mr. Brandt: If I find him, I will identify him and introduce him to the members. I do not know who that might be, but there must be one of them out there.

The fact of the matter is, it has already indicated—in a quiet sort of way, without using these words—that if it comes to the point where the doctors refuse to go back to work after Bill 94 is passed, as well it will, it is prepared to support the government in whatever fashion necessary to bring calm and peace back to the health care system in Ontario. That is naïve beyond belief.

Mr. Wildman: I thought the member for St. Andrew-St. Patrick (Mr. Grossman) was in favour of back-to-work legislation.

Mr. Brandt: The member for St. Andrew-St. Patrick does not want to get to back-to-work legislation, because he does not want to see Bill 94 passed in its present form, and the member knows that.

Back-to-work legislation would not be necessary if the government were to follow some of the sage advice we are offering, which it has rejected out of hand because of the close-minded attitude it has in connection with Bill 94.

Here we have an organization, a group of professionals, that has made an appeal to the government to find a way to resolve this issue through mediation, and the government has rejected it out of hand. I cannot understand that. I cannot comprehend it. I find it baffling when the third party is prepared to take the next step, and perhaps the government is as well.

What I concern myself with, and I am going to close off very shortly—

Mr. Wildman: Go ahead.

Mr. Brandt: All right. I could speak for a while. I thank you for encouraging me. Perhaps I should share a few other thoughts with respect to this whole issue.

Having listened to some of the speeches, we in this party have some concerns about the post-Bill 94 period. We want to share our opinion with the rest of the members. We want to offer to the

members an opinion that we feel is a sensible and realistic overview of what is going to occur in the days ahead. We feel the anger, the hostility and the bitterness the government has created among a very responsible professional group will be with us for a long time to come. What bothers me is that I have to look at it from my perspective and ask: "Are we going to get a better level of health care in this province? Are we going to have a better quality of health care as a result of what the government is doing?"

Very quickly I come to the conclusion that no, that is not going to happen. It has brought in this legislation which has angered the doctors who have such intense feelings that I do not know how the government can ever again go to the medical profession and ask for its co-operation, for its continued dedication and for the type of commitment it has had to the people of this province throughout the history of health care in Ontario.

I am going to wind up at this point by saying that I am looking forward to the balance of the debate. My colleagues have a number of issues they want to address and a number of points they want to bring forward in the hope that we can get some change across the way on the part of the government to look at this bill in a somewhat more sensible fashion. We make that appeal during the context of our remarks this evening.

The Acting Speaker (Mr. Morin): Are there any questions or comments?

Mr. Breough: I cannot help but compare this with what happened the last time there was a disruption in hospital services in my community. The Progressive Conservative Party then formed the government, and the disruption concerned the hospital workers. At that time, the government declared that hospital workers, people who cleaned the floor, were providers of essential services. This Legislature was not tied up for weeks on end debating a bill. The government did not bother with a bill. It did not bother with the Legislature at all. It went to the courts and sought injunctions. The first time it tried it failed, but the second time it got its injunction.

I remember it well, because I walked the picket line that morning with the hospital workers. At 11:30 in the morning, the Ontario government got its injunction to stop that strike. By 12:30, it had the union leaders on the way to jail. By the middle of the afternoon, it was chasing my tail for daring to go and talk to my constituents on that picket line.

That is quite a stark contrast. In one instance, this government seeks to stop the practice known as extra billing and does so by means of

legislation, a long and arduous route. In that process, we have had some disruptions in hospitals. However, there have been none in my community. My doctors are too responsible and reasonable to take it out on their patients. They understand that arguments with the government belong with the government, but in other communities there have been disruptions.

I cannot help but compare the two reactions by two different governments. This government chose to bring in legislation and take it through at an agonizing pace. The previous government chose to avoid the Legislature meticulously, to seek its mandate to do something outside of this territory altogether, to jail the leaders of the strike—not to sanction them or fine them, but to put them in jail. It did just that. It had its way.

I cannot help but say that stance reeks of hypocrisy. There is no other way to express that. If there is a need for a mediator, it is a mediator within the Tory caucus to get the members to come to one conclusion or one position on the bill. There is no need for any other mediation. The comparison between the approach taken by the previous government and this one leads one to feel very strongly, as I do, that if this situation involved hospital workers and the previous government were still in place, it would have the leadership of the union in jail by tonight.

The Acting Speaker: Any other questions or comments?

8:50 p.m.

Mr. Wildman: I listened very carefully to the member for Sarnia (Mr. Brandt) and would like to ask a number of questions raised by his comments.

He indicated mediation is always necessary to resolve the problem. I would like to know how the Conservatives believe we can mediate the Canada Health Act. How does the proposal made by the doctors not to extra bill seniors or people on social assistance in any way meet the requirements of the Canada Health Act to end extra billing? How will that make it possible for the province to recover the \$82 million that has been held back by the federal Conservative government?

Mr. Brandt: It was brought in by a Liberal government.

Mr. Wildman: It was brought in by a Liberal government, that is true, and supported by all parties in the federal House.

I wonder whether the Minister of National Health and Welfare, the Honourable Jake Epp, would accept the argument that the promise not

to extra bill seniors and not to extra bill people on social assistance would in any way meet the requirements of the act for which he is responsible.

I also wonder why doctors should be put in the position of analysing the financial as well as the medical state of their patients. Why should a doctor have to analyse whether a particular patient is able to pay an extra bill? In my view that is completely outside his purview, and he has no business getting involved with the financial state of his patients.

Finally, I have a question with regard to the back-to-work legislation of which the member so carefully accused our party of being in favour. The member for Brantford (Mr. Gillies) and the Leader of the Opposition indicated both in this House and outside it in public that they favour back-to-work legislation. How can this member get up and say it is the third party that is responsible for any proposed back-to-work legislation?

It is very unfortunate that throughout this process, the Conservatives have prolonged the debate to the point that the doctors have become ever more isolated and embittered. It has reached a point where the doctors are doing things that a few weeks ago they never would have indicated they would do and never would have thought of doing. Unfortunately, the Conservative Party has encouraged the irresponsible approach of the medical profession in Ontario, and I would like the member to comment on that.

The Acting Speaker: Your time is over.

Mr. Philip: I would like to comment on the remarks the honourable member made concerning the doctor-patient relationship and the suggestion that somehow a mystical relationship is developed by allowing a doctor to ask the patient to open up his wallet—to bare his financial soul, if you want, and say: "Doctor, forgive me, for I have sinned. I happen not to be a wealthy person. I happen to be an injured worker. I do not earn the \$120,000 take-home pay that you do, and therefore I want you to forgive me of this levy, this extra fee, which you in your arbitrary way have decided is good for me to pay."

The member talked about how it could not possibly be a matter of dollars and cents because, after all, all those doctors out there who are not yet part of the extra-billing syndrome are somehow supporting the present strike and atrocities that we are seeing in Ontario. I ask the member to explain how that is—or did he not know about it? Would he like to hide the fact that the Ontario Medical Association promised to

support the general practitioners in narrowing the gap between them and the specialists, many of whom are earning in the vicinity of \$300,000 a year? In exchange, Dr. Tom Kerr, the chairman of the OMA's general practice section, told the OMA that if it did not agree to support the GPs raising their base and narrowing the gap, then they would not support the strike and would not support them in their war.

What has happened is purely financial. They have been bought off by the promise of narrowing that gap between the \$300,000 or more a year that some of those specialists earn and the paltry, poor little \$90,000 and \$100,000 a year the others are earning. Explain that.

Mr. McGuigan: This debate has gone on for many months and I know we have honest differences of philosophy and opinion as to the right and the wrong of this. We have the Canada Health Act as the basis for this and it is on that basis that I rest my case.

I say in sadness and in sorrow that in the nine years I have been here, we have been through teachers' strikes and some serious matters, but I do not believe I have ever heard people maligned as much as I heard tonight when the member for Sarnia suggested that if a member of this Legislature were on the operating table and were being serviced in the way physicians have carried on their profession over the centuries, following the oath they all take, he would have to fear for his life.

I find that particularly offensive. In the nine years I have been here, I cannot recall anyone being so maligned. I do not believe it for one minute. I do not know a doctor of my acquaintance and I do not believe anybody here knows a doctor of his acquaintance who would for vengeance put at risk the life of a member of this parliament or of any citizen of this great province. On behalf of the listeners here, for what it is worth, I want to offer my apologies.

Mr. Brandt: I want to respond quickly to the last speaker. I will try to get to the other comments as quickly as I can. There is no way that I intended to imply that a doctor would take someone's life as a result of being in opposition on a political issue. I made a clarification with respect to that remark.

Had the honourable member listened carefully to what I had to say, he would have known I was talking about the attitude of doctors, which I personally would want, and I believe the member should as well, to be as positive as possible during the carrying out of their responsibilities. I do not believe it serves any of our interests that

they be upset, that they be at war with the government or that their attitude be negative, irrespective of whom they might be serving at the time. I say to the member, and I mean this very sincerely, if I implied something other than that I apologize. It was not my intention to do so.

With respect to the position that the members of the third party have discussed relative to the Canada Health Act—and let me say this briefly, because I want to answer as many questions as I can; unlike the government during question period, I will try to get to all the questions—

Mr. Breagh: Unlike when the member was a minister.

9 p.m.

Mr. Brandt: When I was a minister, I attempted to answer all the questions, as the member well knows.

The constitutionality of the federal government's position with respect to the transfer of these funds has not as yet been challenged and it may well be that the position the OMA has put before us would be acceptable to the federal government. The members do not know that and I do not know that at the present time.

I see I have very limited time and there will be some questions I cannot address. However, I want to address back-to-work legislation. With respect to that, our party will take a position on that when we get to the post-Bill 94 period. However, I have to say again that if health services break down to the point where there is perhaps no other alternative, there may well be a position where we will have to join with the government to bring the medical fraternity back to work. I cannot say that at this time.

Mr. Partington: I am pleased to rise and join the debate in opposition to the so-called Health Care Accessibility Act. It is difficult to follow such an outstanding speaker as the member for Sarnia (Mr. Brandt) with his wisdom, his style, his understanding and his speaking from the heart. Although members opposite may find it difficult to admit, I am sure they must be moved by his logic and his compelling reason.

I am opposed to the so-called Health Care Accessibility Act because I have real concerns, as do the members of my party, that the result will be far less accessibility than we have under our current system. I say the Health Care Accessibility Act is so-called, because that is a little akin to calling an anchor a lifejacket. I want, as I am sure all members of this House do, a top-quality, first-rate health care system, the type of system we have enjoyed in Ontario for as long as we can remember.

I believe we have the finest health care system in Ontario at present. If there are some defects in the system, if there are some defects in the delivery system, if there are some complaints about the manner in which some doctors from time to time deal with some patients, just as there can be complaints from time to time about how we deal with constituents, about how plumbers deal with plumbing problems and so on, these matters should be addressed within the present system. To threaten the destruction of a system that has worked so well for so long to remedy some minuscule problems that are bound to occur in any system is the wrong way to proceed.

As has been mentioned earlier, the Ontario Medical Association in addressing this issue has suggested some changes to meet difficulties that may be perceived in the system as it now exists. One of those is not to extra bill individuals over 65 years of age. That is one of the areas of our health care system the government should be addressing.

What do we do with the fact that there will be a 55 per cent increase in the number of elderly people in our society by the year 2000? I think the answer is that limiting extra billing or banning it for those who are over 65 will go one way to ensure that the system will be delivered to individuals over 65 fairly, quickly and without concern on their part. They can continue to rely, as they have up to date, on fairness, equity and service by their doctors at any time, day, night, holiday, weekend, whenever.

At present, our senior citizens represent 40 per cent of days in general hospital care, 79 per cent of days of inpatient chronic care and 93 per cent of extended care in nursing homes. As elderly people grow in numbers, it will become more important that we try to provide care for them at home rather than in institutions.

This growing need for our senior citizens will require tremendous additional training and tremendous additional numbers of doctors in the geriatric field as well as additional training of nurses and other home care workers. It will be important to retrain doctors and to provide them with some incentives to equip themselves to handle this need, which is on our doorstep now. Introducing the Health Care Accessibility Act is not one way of providing an incentive to get doctors to take extra education when they may not need to do so.

The OMA has also suggested there would be no extra billing of those on government assistance, no extra billing for emergency treatment and that it would look at other situations to ensure

that in any community no one would be deprived of service at Ontario health insurance plan rates because there may be a monopoly of opted-out doctors.

In Canada and in Ontario, no one can go bankrupt under our present system. Everyone has health care services provided to him, and that is something we can be proud of. I remember personally in my family a grandfather and an uncle who spent a year in the Toronto General Hospital with no insurance, with the result that most property was lost. That should not happen to anyone. It cannot happen in Ontario. We have a system now that makes sure this does not happen. The government may be going down a path that may lead to the destruction of the system that provides this safeguard.

In the United States, that fear certainly does exist. One can be severely financially strapped and perhaps cannot obtain proper medical services because of a lack of funds or because of having failed to purchase a private plan.

The public generally has been well satisfied with doctors, who, as I indicated before, are available at all hours of the day and night, on holidays, at two o'clock in the morning, any time. Doctors work long, irregular hours, not because they are workaholics and not because they do not like recreation but because when called upon to serve, they always rise to the occasion. In so doing, they are under the added pressure, as most of us are not, of dealing with human life: people who are ill, people who are injured in accidents, people who are dying. That service has always been provided to the people of Ontario, and we should make sure this service continues.

A comparison with other jurisdictions might suggest how a change in the system might jeopardize the level of service to which one might be accustomed. In Britain, a study in the *British Medical Journal* found that the time Manchester general practitioners spend seeing their patients ranges from a low of five hours a week to a high of 46 hours. Thirty-six per cent of all Manchester GPs spent less than 16 hours a week seeing patients.

In Quebec, after state health was introduced, there was a decline of 15 per cent in the average number of hours a day worked by doctors. The number of physicians working 12 hours a day or more dropped from 37 per cent to 17 per cent, and the number of doctors working less than eight hours a day rose from 18 per cent to 28 per cent. Of course, the average time spent with each patient during visits has dropped by 16 per cent.

Mr. Philip: Is the member in favour of 12-hour days for doctors?

Mr. Partington: No.

Mr. Philip: It is always good to have an operation from a doctor who has worked 12 hours.

The Acting Speaker (Mr. Morin): Order. The member for Etobicoke (Mr. Philip) does not have the floor.

Mr. Partington: The member should have the same commitment the doctors have. They perform admirably.

Mr. Philip: I work a lot harder, and I do not expect to be paid out of the public purse.

The Acting Speaker: Order. Address your remarks to the chair.

Mr. Partington: Yes, Mr. Speaker. Maybe we should refer the member to the rules of conduct on interruptions while a member is speaking.

As I say, the average time spent with a patient dropped by 16 per cent. That is not accessibility. Prior to the introduction of state health insurance, patients waited six days to see their physicians. After the introduction of the state insurance system, it jumped to 11 days, an increase of 80 per cent—again, not accessibility but a reduction in accessibility.

9:10 p.m.

In Sweden, where 90 per cent of the doctors are employed by the state at hospital clinics, doctors work from nine until five, and they take from three to five months' holidays a year. I guess the answer is, "All we do is double the number of doctors." But we are trying to keep our medical costs in line. It is better to have doctors who are happy in the system, working efficiently with the government to keep costs under control and to deliver an efficient, high-quality system, a system we can be proud of and they can be proud of. State health insurance does not do that. It is a sure path—a crumbling, stony path—to ultimate deterioration of the system.

I have had several letters lately from people in my riding who are very concerned about this issue. It may surprise members of the opposition that I have had more letters supporting the doctors' position than opposing it. I will read one letter from a Robert Munson, who is a former superintendent of the parks department in the city of St. Catharines. He writes to me, saying:

"I am concerned about the work stoppage by the doctors of this province. I personally do not favour social medicine. I would like the market to be able to bear the quality of the service that

they are given. My observations seem to indicate the problem is lack of communication, and I would ask that you request the government of this province to initiate immediate discussions with officials of the OMA. The withdrawal of services of the medical profession is most unfortunate as I believe that the citizens of this province deserve this service. It would be most appreciated if you could communicate with the government of this province and express my concerns."

This man, Robert Munson, who spent most of his life in St. Catharines, wants the government to negotiate and discuss with the officials of the OMA. We have heard time and again that the government cannot do it and will not do it; mediation will get nowhere. They are polarized. Interestingly enough, that was the position before the election and nothing has changed.

I submit that mediation is and should be the answer and that at this late date, a lot of people would feel a lot better if the government were prepared to moderate its stand and attempt mediation, deal with the federal government and work at solving this problem. It is a very difficult problem, perhaps the most difficult one the House has had to face. I am sure the test of the government would be if it could take the reasonable step, succeed with mediation and with the federal government, so that the system we have, which is proven, can continue in the best interests of the people of the province.

I would like to refer again to a letter I received on June 13 from Mr. Goldford, chairman of the board of governors of the St. Catharines General Hospital. He attaches two copies of letters he sent to the Premier and Dr. Richard Railton on June 13, 1986, and January 24, 1986. In his letter to me, he states that the letter reflects the viewpoint of a concerned board comprising men and women who sincerely strive to fulfil their obligations to the community.

St. Catharines General Hospital is a very large, very revered, long-standing institution in St. Catharines delivering a major part of the health care services in our community, along with the Hotel Dieu. Mr. Goldford states, "These board members are watching in disbelief while the opposing parties in this dispute dismantle a system that has been so effective over the years." That is the point: We have a system that is effective.

When people questioned the health care system, only seven per cent were concerned with extra billing. The issue has been invented by this government as an election issue. It reminds me of Sunday shopping for beer and wine in the corner

stores. If someone is asked if he wants shops to be open on Sundays, he will say yes. In England, 65 per cent said yes to that question. If it is followed up with the question, "Are you prepared to work on Sunday?" the 65 per cent becomes 25 per cent.

With beer and wine in the corner stores, if people are asked if they want beer and wine in their corner stores, they will say, "Yes, out of convenience." When we talk about impaired drivers, under-aged drinkers, Canadian breweries being put out of business, breweries located in Ohio and perhaps the destruction of the wine industry, people say, "Maybe not."

It is easy to say to the people of Ontario, "We will fix this health care system; we will ban extra billing." That is very simple, but it is not the answer and it is unnecessary. The system works. Do not change the system. Fine-tune it, but do not change it. If we change it, we run the risk of destroying it.

I will get back to the letter from St. Catharines General, which warns against dismantling a system that has been so effective over the years. There is no question that if the board and one of the unions showed the same inflexibility with the result that the hospital became ineffective in meeting its role, there would be a hue and cry from the public and the government and the latter would intercede quickly to protect the citizens.

Mediation is essential. We urge the government to use whatever power is at its disposal to persuade those in a position of making decisions to take immediate steps to ensure this is done. The party should be reminded that its stubbornness is not a sign of strength.

I might refer briefly to the two enclosed letters. Mr. Goldford, the chairman of the board, says in his letter to the Premier:

"Gentlemen,

"On January 24, I wrote to you on behalf of the board of governors of the St. Catharines General Hospital asking that both the government of the province of Ontario and the Ontario Medical Association back off from their respective entrenched positions in this dispute before they destroy the very health delivery system they claim to be protecting."

That is the bottom line. We want good health for everybody in this province, but why destroy a system? Eleven per cent of the doctors in Ontario extra bill; they extra bill 25 per cent of the time. Five per cent of OHIP premiums are the total amounts incurred in extra billing. That can be answered in a way suggested by the OMA and by our party some time ago. I do not think the

system has to be changed to satisfy that problem. As others have said, there are problems far more important in the health care system today than extra billing.

Chronic beds are required, as is more psychiatric care, more care for the mentally retarded and mentally handicapped, ad infinitum. The members know the pressures are there, and they are there.

Mr. Philip: It was the member's government which created that problem.

Mr. Partington: The members should realize life is evolutionary and we solve the problems as we go. We do not go back 42 years.

The Acting Speaker: Order.

Mr. Partington: Mr. Speaker, I will carry on. I get tired of listening to people going back 42 years. I am sometimes amazed when people talk about pollution existing for 42 years. Pollution in some form has probably existed for hundreds of years, because certainly the washing-away of dirt from a bank is pollution. The fact is that most international books dealing with international rivers and international waterways never mentioned the word "pollution" as late as 1964.

Mr. Ferraro: What does that have to do with extra billing?

Mr. Partington: I am referring to the comments about looking back. Let us solve today's problems today. Forget the past; the past is gone.

In some ways, we should be proud of the past. The past represents strong, good government in this province on which we should move forward and build an even better society for the people of this province. Let us be proud of it. The government sometimes talks about members being critical about what they are doing. Let us not be critical of something that was so good in this province for so long. Let us be proud of it.

I know that when the member for St. Catharines (Mr. Bradley) is asked of the great accomplishments of the Ministry of the Environment, he talks of cleaning up the phosphorus in Lake Erie. That was a great accomplishment, and it was accomplished by the government here when we sat on that side of the House.

9:20 p.m.

Mr. Breaugh: One would think the Conservatives would at least have the decency to talk about this bill when they are going to make us sit all night.

The Acting Speaker: Order.

Mr. Partington: If the members would not interrupt, I would be able to stay on target.

Mr. Breagh: The member could not stay on course for a lobotomy.

Mr. Partington: Some people here might need a lobotomy.

Mr. Breagh: I know a doctor who will do it for the member cheaply.

Mr. Partington: In any event, as I try to ignore that voice that has little logic, the board want on to say:

"The government must discontinue its insistence on forcing Bill 94 through at any cost, and the OMA must discontinue its desperate tactic of indirectly fighting the government by counselling its members to deny fulfilling their hospital responsibilities.

"It is time to bring a mediator into the dispute and for the parties to work together in good faith to arrive at an equitable solution. Both of you will be applauded for substituting rationality and reason for the anger and distrust which symbolizes the current tone of the dispute.

"On behalf of the citizens of St. Catharines, we urge you to take these steps immediately. It will be difficult enough to dispel the bitterness that has already been imposed on the relationships. If you compound this further by continuing down the present path, it is inconceivable."

I urge the government to heed the words of the board of governors of the St. Catharines General Hospital and at this late date consider mediation, not the imposition of this bill, as it is doing.

No one wants to see a disruption of the system of health care we have had in the province, but it is obvious the doctors are angry. In their minds and in the minds of many people they are justified, although there are others who hold a different view.

If this act is passed, I assume we will have continued disruption in the system. Even worse for the long term would be adopting the Swedish example of doctors who work seven to nine months of the year, 15 to 20 hours per week, and reduce the patient load and the time they take to see patients. That would be tragic for the people of this province and burdensome to the budget of our health care system. On the other hand, I am sure it would provide an opportunity for the infusion of many more doctors into our system, as they would be required to do the same work currently being done by the doctors we have.

Another concern we should share, and someone spoke of this earlier, is the view our very talented young people will have towards the practice of medicine. Medicine tends to be a commitment like no other activity. One can go

into teaching, the law, become a tool and die maker, carry on almost any job—

Mr. Ferraro: Why would anyone want to be a lawyer?

Mr. Partington: The member is right; certain people think that these days. Such people can pursue other activities of a social, recreational or economic nature. They may buy pizza parlours or apartment buildings or get involved in commercial enterprises. By and large, doctors are prohibited from doing that. Medicine seems to be so intense and of a much shorter duration that a doctor has to devote his or her full time and attention to the job, a job of great pressure. Doctors deserve to operate in that job with a feeling of freedom from state control. That freedom is economic as well as being free from too many regulations.

One of the further aspects of this legislation is that there seems to be a thrust behind it to suggest that some doctors, in making a living from treating the sick, are somehow not doing quite the proper thing for society; they are being selfish in charging people for treating their wellbeing and their health. To that, I can only say the practice of medicine may be the most honourable profession in our society.

There is certainly nothing to be ashamed of—in fact, there is much to be proud of—in charging fair rates for keeping people from dying, for healing the sick and for keeping the people who are healthy well, because there is a difference between just being and being sick. It seems to me important that we do not destroy this atmosphere, but I am sure the destruction of this atmosphere is destined, if this act passes.

The members can compare what is happening here with what is happening in Britain, where 1,500 patients with kidney disease die each year because they do not receive treatment. Patients can wait up to three years before getting an outpatient appointment at a National Health Service hospital if they suffer from such nonfatal diseases as cataracts and hernias. Patients with diabetes are likely to die 10 years earlier than average and have a higher chance of going blind and an increased likelihood of kidney failure. If we institute state medicine, if we go down the road from where we are now to where the British have been, we will destroy the high-quality health care we have had in this province for so long.

I urge the government to respect the professional perspective of the doctors. Trust them, as the Premier has said, "Trust us." There should be some mutual trust. Doctors care for their

patients. They care for the system, they know what works well and they are prepared to meet in a spirit that will provide a settlement in the best interests of our society. It will keep medicine on the high plain where it has been and will encourage our young to go into medicine and to stay there. It will avoid the perils of the American system and the stagnation and the mediocrity of the British system.

I invite the government, at this late stage, to try mediation and not to pass Bill 94.

Mr. Breagh: I listened with some care as the member for Brock (Mr. Partington) deviated somewhat from the bill that is before us. I suppose that is to be anticipated during the course of the evening, which is liable to be a long one.

I wondered whether the member would comment on the fact that many of our home bases have physicians who have stayed within the agreed-upon fee schedule and have not extra billed. During the course of this disruption, they have not taken out on their patients what our government is trying to do. They seem to have a clear understanding that this is a bill that does one thing: it ends extra billing. It brings us into conformity with the Canada Health Act, and it removes the penalty clauses against the province that the Canada Health Act imposes.

Can he explain for us why that has always been a reasonable thing for many of our physicians? One's association negotiates with the government of Ontario a fee schedule, and one adheres to that fee schedule. That is seen by all trade unionists as being fair and reasonable; it is seen by most academics as being fair and reasonable, as it is seen by most professionals as being fair and reasonable. In some way, people organize themselves to represent their profession or their occupation and they negotiate an agreed-upon rate; then they adhere to that rate. In trade union terms, if one does not, it is called a wildcat strike, an illegal strike, a breaking of a contract.

In many ways, I feel very sad that many physicians who have not extra billed have somehow become embroiled in this dispute and have tried to expand it into far wider things. This is, after all, a simple bill, consisting of five or six clauses. It has a singular purpose: to end extra billing. By doing that, we will bring ourselves in conformity with the other provinces in Canada; I think seven out of 10 have already done it. It seems to me that is fairly straightforward.

9:30 p.m.

Mrs. Grier: I have listened to the member for Brock and many other members of his party tell this House that they think a mediator ought to be

appointed to mediate this dispute. However, I have yet to hear from the members of the Conservative Party as to the direction in which they think the mediator ought to be mediating. We know quite clearly the position of the government and of this party, that extra billing ought to be banned. Is it the position of the Conservative Party that extra billing ought to be continued?

It does not appear to be so, because they say senior citizens and the poor ought not to be extra billed. I think they have some obligation to spell out for this House how they see that happening. By what mechanisms do they expect that to occur? What do they expect the mediator to mediate? There is no mediation if one position is to extra bill and the other position is not to extra bill. If there is something in between, let us hear what it is. Let us hear what they would do if they were the mediators. If we are going to stay here all night and talk about it, they have some obligation to make that plain and to tell us where they stand.

Mr. Gregory: I want to compliment the member for Brock for a very clear and concise picture of the Conservative position in regard to this. The member for Lakeshore (Mrs. Grier) has obviously missed the entire gist of the arguments when she questions what mediation is about. Obviously, members of that party have no conception of what mediation is about. She wishes to start from a position of intransigence, not move from it, and say: "What can you mediate? This is a position and that is a position." With great respect, the member for Lakeshore does not seem to understand, despite her close affiliation with unions, what conciliatory treatment is about, what negotiation is about.

Mr. Breagh: A lesson from the member for Mississauga East on being conciliatory.

Mr. Gregory: Certainly. I can be. Obviously, I am more conciliatory than the members of that party because they will not start on any kind of basis of negotiation at all. They say: "This is one position. That is another position. What is the point of having a negotiator? Nobody will move."

My good friend the Attorney General (Mr. Scott) has probably been part of more negotiations than anybody in this House. He has to be. He is a very clever lawyer and lawyers negotiate. That is what they do with judges, I believe; they negotiate. What do they call it in the United States? I cannot recall. They call it plea bargaining or something such as that.

I am trying to make the point that the member for Brock made it very clear. If it was too difficult for the member for Lakeshore to understand, that is her problem and not that of the member for Brock.

Ms. Bryden: I have been listening with great care to all the arguments put forward tonight by the party to my right. I have not heard any justification for hijacking our hospitals and our emergency wards, which is the tactic that is being used by a group that has monopolistic power in the medical profession. They are licensed by an agency of the profession. They are licensed to carry out service to the public under certain conditions. Does closing down emergency wards fit in with providing that service? Are they allowed to threaten to not refer patients to clinics that do not go along with the strike? This seems to me to be a naked use of power that no profession, group of employees or independent entrepreneurs should have.

Does the member who just spoke believe the democratic will of the Legislature of this province should come ahead of the wishes of a small professional group with a great deal of power in its hands?

Mr. Partington: First, with respect to the comments and the question from the member for Oshawa (Mr. Breaugh), I acknowledge, as I think I did in my statement, that most doctors do not extra bill. Only about 11 per cent do.

I have talked to some individuals. I can think of one in particular, a very sincere, hardworking and caring surgeon whom I know—and there are many; I am sure the member is aware of that. This man spends much time; his main concern is the welfare of his patient, not how many patients he can see or how much money he can make.

He may find on occasion that because of the extra care he gives his patients—because he is not subject to the pressure of having to see so many patients in an allotted time or to perform so many operations in a day, which probably would be detrimental to his patients if he happened to do so—he has to extra bill in order to afford them the care and time he wants to give them in those particularly difficult cases.

I suggest this is an example of where that small minority of doctors—and they tend to be surgeons or specialists—may feel they need to charge more than the OHIP rate in order to provide the time and attention the patients deserve, and perhaps at the same time impress upon their patients the necessity or importance of the surgical procedure.

With respect to the last question of the right of a doctor to overcome the will of a democratic society—

The Acting Speaker: Your time has expired.

Hon. Mr. Scott: I should tell the honourable members that I have never had occasion to speak in a general debate in this House. I know the honourable members opposite will pay me the traditional courtesy of listening patiently to the few words I have to say on this occasion.

I speak early, because the word in our lobby is that the Minister of Education (Mr. Conway) will speak later, and I expect to be home safely in bed on that momentous occasion. As all members who have heard him and his history lessons know, if one is here during them one will spend the balance of the night sleepless as the historical allusions pile over and over again in one's mind.

For the record, let me say that I am delighted on this first occasion to see so many of my cabinet and caucus colleagues behind me to hear my words. I am more flattered than I can say to see the opposition lobby doors opening and members of the Conservative opposition entering in twos and threes with their NDP colleagues as the House fills up for this occasion.

I am more flattered and honoured by that attendance than I can possibly say, and I want to record my thanks in an official way for the enormous outpouring that has greeted my initial words. I hope the honourable members—because we cannot be here all night, surely—will not interrupt any more with applause, as it will restrain the path of my thought and only waste valuable time.

9:40 p.m.

Let me say that it is traditional in these debates to say this is a historic and important debate. Of course, it is also a curious debate for the very reason that the member for Lakeshore (Mrs. Grier) noted.

We have been debating this bill for some days. There have been speeches, and there will be dozens of them tonight from the official opposition, but there is nobody in this House or in this province who can tell us what the Leader of the Opposition (Mr. Grossman) believes about extra billing. There is not a word from his lips anywhere about whether he favours or opposes it. His caucus colleagues—

Mr. Haggerty: If Mulroney did that—

Hon. Mr. Scott: We will come to the Prime Minister in a moment; he at least exhibits the virtue of unconstrained candour.

At the end of this debate the Leader of the Opposition will have told nobody, unless he confides in his caucus, where he stands on this important issue. Is he in favour of extra billing or is he opposed to it? We will never know. We know he favours delaying the bill so that it will not be rammed through. We know he favours mediation as a policy. We know he has various concerns about health care in the province generally. However, from him and from the leaders of his caucus we know nothing about where they stand.

Is it not remarkable? There must be few occasions in Anglo-Saxon democratic history when a critical issue of public importance is being discussed vigorously in the middle of the night when the viewpoint of the official opposition on the issue of principle cannot be ascertained. The one virtue of this debate, a virtue that will become apparent, is that as we go later into the night we find out that the Leader of the Opposition has not always been able to cast this cloak over his colleagues.

Tonight, I think the member for Brock (Mr. Partington) told us that he is in favour of extra billing. One by one, the members of that party will stand up and tell us where they stand. I can hardly await the speech, probably to be delivered at a quarter to four this morning, by the member for St. George (Ms. Fish), who I am certain will tell us where she stands on the subject of extra billing, because her constituents want to know.

Why do we not know where the Leader of the Opposition stands on the extra billing issue? Why do we not know? There can be only two possible reasons. The first is that he has not made up his mind. The second is that he does not want to tell us. Why would he not want to tell us in a debate that has run for days? He would not want to tell us so that one impression can be gained here and another impression gained there. In my respectful submission to the members of the House, that is not an attitude that is worthy of the official opposition. We are entitled to know.

I know we will hear from the member for Brantford (Mr. Gillies) whether he favours or is opposed to extra billing. Tonight, when the Conservative members of the opposition make their speeches one after the other, I hope somebody here will stand up in the question period just at the end of it and say, "Honourable member, wonderful speech, but can he tell me in a word, does he favour extra billing or is he opposed to it?" My guess is that every one of them will shrink from that question as quick as a

wink. They will not answer it because they dare not.

I want to make a couple of points about this bill, but before doing so I want to pay tribute to my colleague and friend the Minister of Health (Mr. Elston), who from the beginning of this tortuous, difficult, complicated and important exercise has behaved as a model of conciliation, moderation and propriety. I was here when he was mocked in this House as carrying my bags. I was here when the opposition laughed at him, when it tried to make fun of him and demean him although he was about a public work. What did he do? He did what the *Globe and Mail* said this morning: he turned his cheek and he kept on his course. I want to testify on the record that I think his performance has been remarkable and I am proud to be his friend.

Before we come to the subject of the bill, let me make my bias absolutely clear. I have spent almost all my professional life as a lawyer working for doctors. I have acted for extra billing doctors and nonextra billing doctors. I was counsel to the College of Physicians and Surgeons of Ontario for almost 20 years. I acted for the Ontario Medical Association and the Canadian Medical Association. There is no one in this House who has a greater, firmer and more profound respect for the medical profession of this province than I do. I cede that territory to no one. I have great confidence in the ability of this profession to serve the province and the public with dedication, zeal and honour because I have seen it.

What has happened here is that in 1962 in Saskatchewan, and later across the country, it was decided that because the delivery of medicine was an essential service it should be paid for by the taxpayer. We have moved through a process in this country in which that principle has come to general acceptance. The culmination of the principle occurred in the Parliament of Canada a few years ago when the Liberal government of the day introduced the Canada Health Act. That act represented the federal government's effort to go as far as it constitutionally could to ban extra billing across the country.

What happened in that debate? The honourable members can remember there has never, in my lifetime, been a debate that so consumed the country than that debate about the propriety of the Canada Health Act, which was tantamount to making extra billing unlawful, or at least subject to penalties, in the country. The Conservative Party of the day was racked by dissension

confronting that bill. The doctors were concerned and made their concerns felt.

I remember watching on television the day, to the surprise of millions of Canadians, when Brian Mulroney, now the Prime Minister of Canada, led his party, I think almost unanimously, to vote for the Canada Health Act. Much can be said about Brian Mulroney, some of it good. I do not intend to get into any of it. What can be said about Brian Mulroney on that day is that he did something that has not been done here by the opposition. He stood up on an important public issue and said, "I am opposed to extra billing and I carry my party with me into that lobby."

I challenge any speaker for the opposition, as we go along, to tell us where his party stands. We are entitled to—

Mr. Gregory: The minister knows exactly where we stand.

Hon. Mr. Scott: The member is in favour of mediation; we will come to that. I ask the member for Mississauga East, and we will cede the floor, is he in favour of extra billing or opposed to extra billing?

Mr. Gregory: We are against the banning of extra billing.

Hon. Mr. Scott: We do not get an answer.

Mr. Brandt: You just got an answer. The answer was that he is against banning extra billing.

Hon. Mr. Scott: All right. Can I ask the member for Sarnia how he feels?

Mr. Brandt: The same way as my colleague.

9:50 p.m.

Hon. Mr. Scott: Now we are getting it. By the end of tonight, we may have it clear that the members of the official opposition are in favour of extra billing. Then we will have learned something.

Let me make a number of other points. The members of this party were elected committed to a principle: that is, to enforce the principle of the Canada Health Act in this province as it had been enforced in seven other provinces and as it will shortly be enforced in the balance. Every member of this party came to government with those words on our pamphlets. They were there. We were committed to that and we made plain, as I recall it, from day one that was what we were going to do.

We also made perfectly plain that we were prepared to discuss with the OMA or anybody else any viable method to achieve that objective. The objective was fixed because that is what party politics is about, but the avenue that would

lead us to that objective could be discussed. Initially, as members will recall, the position of the OMA was that there would be no discussion at all. Then, because there was no discussion, there was no suggestion as to what we might do. Since we were being told to do nothing, we introduced a bill.

Again, we said, "We will discuss any viable method of achieving the objective and complying with the Canada Health Act that the doctors want to discuss." What was their response? Their response at that stage was, "We will discuss nothing until this democratic parliament withdraws its bill."

Finally, we got to some discussions. There were 10 or 11 meetings to which I had the honour of accompanying the Minister of Health. At those meetings, we put on the table every viable method that has been devised in Canada to meet compliance with the Canada Health Act and we said: "We will discuss any of those. If you want to extra bill, a way to do it has been devised in Quebec. We do not particularly approve of it, but we will discuss it. If that is what you want, it can be considered." They replied, "We will discuss none of those things until you withdraw the bill." That is where the discussions ended.

What has happened since is it has become apparent, and the OMA has said so, that the discussions were unproductive because we would not withdraw the bill and would permit the members of this House to vote on it. In the end, that was intolerable, that the bill would be voted on. According to the association, meaningful discussions could only occur if the right of honourable members in this House to vote on the bill was withdrawn for the time being.

That is the situation in which we find ourselves now, and it is said by my honourable friends we should have mediation. The member for Mississauga East (Mr. Gregory) has been good enough to concede I may know something about mediation. My practice had a lot of mediation involved in it. What one does when one mediates, of course, is one takes two extreme positions in which both parties have represented that they will move off their extreme positions and see if there is a middle ground where principle can be ignored and practical compromise achieved.

It must be obvious to everybody that the question of whether this province will comply with the Canada Health Act is not such a question. One either complies with the Canada Health Act or one does not. One cannot say, "We will comply halfway with the Canada Health

Act." That, of course, is why mediation is not possible.

I also ask if it is even desirable. What we are dealing with here is not something that should be accomplished by a mediator. We are dealing with an important issue of public policy that should be decided by the people and their representatives. That is the challenge we have in this debate and in the vote that, pray God, after these days, will come tomorrow.

Let me make a number of other points, because it is very important to put this debate in perspective. This bill does one thing and one thing only. It must be one of the shortest bills we have. It says that a doctor cannot extra bill his patient. It does not say anything about where he shall practise his profession. It does not say anything about the number of patients he may have. It does not say anything about the way he shall practise, what he shall prescribe or how he shall make his medical assessments. It deals with one question only, a question that has already been satisfactorily dealt with in seven other provinces. Even Alberta, that paragon of progress, has announced it will be taking steps shortly to ban the practice of extra billing in the province. That is all this bill does. I challenge any honourable member to point to anything in it that goes beyond that.

Of course, it has been said there is a secret agenda and that this bill is the thin edge of the wedge and a symbol of what will come down the line. This afternoon, the Minister of Health made clear his position on that. Even if there were a secret agenda, and there is not, would it not be time enough to deal with those issues when they arise? If some government of the day, two years, five years or 10 years from now, were to deal with the question of where members of the profession could practise, it would be time enough then to deal with the issue. Why can we not now do what the other provinces have done? Why can we not now comply with federal law? It is said we cannot do that because of something that may happen two, five or 10 years from now.

What has happened is that many members of this noble profession—and that it is—have been led to believe that hidden in the recesses of this bill, written between the lines if you will, is some kind of threat. The bogymen is there. Like all good bogymen, he cannot be seen, but he is there none the less. That is wrong. The reality is that those who have led the members of this noble profession to that view have much to answer for, in my opinion. It is the view that the bill provides something it does not provide and restricts

something it does not restrict that has led to much of the difficulty we have seen during the past couple of days. Those, whoever they may be, whether doctors or politicians, who have led the members of this distinguished profession to think that have much to answer for, in my respectful view.

10 p.m.

I know, because she said it to me on the way out of the House tonight, that tomorrow the member for York Mills (Miss Stephenson) will say this bill is the destruction of a noble profession. She is a noble, almost a monumental, professional. The bill is not the destruction of a noble profession. Let us be realistic about it and let us get it in perspective. The noble profession that exists in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Nova Scotia, Newfoundland and Prince Edward Island is just as noble now as it was before their restriction on extra billing was undertaken. There is no destruction of a noble profession in this bill. The nobility of the profession is its independence. What is the heart of its independence? Do we really believe, if I am a professional, that the heart of my independence is to send a bill to somebody? Of course not. The heart of my independence and of the doctors' independence is our training and our commitment to make independent judgements about people's lives. That is what it means to be an independent professional. That is what it means to be an independent lawyer—

Hon. Mr. Nixon: Right.

Hon. Mr. Scott: —if the Treasurer (Mr. Nixon) will permit and acknowledge—and that is what it means to be an independent doctor: skill, training and the capacity to make an independent judgement about a person's condition. The doctors in Ontario have that now and will have that tomorrow. I cannot believe, knowing them as I do, that the independence of doctors to assess, to prescribe, to treat and to counsel will be altered one whit by virtue of the fact that their bills will be governed in the same way as the bills of almost all doctors across the country.

People who tell the doctors of our province that this is what the bill means—and I pray there is no one in the official opposition who has been saying that—will have a lot to answer for if this profession, led to that view by others, falls on its own sword. That, and not this bill, will be the destruction of the profession. I pray, because I value them and recognize their importance to our society, that no one, out of an excess of political or organizational zeal, will allow that to happen.

The independence of this profession is not now and never was at stake in this bill and I challenge anybody to assert seriously, by pointing at the paragraph, that it is.

Let me say one more thing. What has happened as this bill has been introduced and presented is that an atmosphere of hostility, to use the words of the member for Sarnia (Mr. Brandt), has been created. He says it has been created by the government; the government that, after all, took the same step the federal government, supported by his own party, took within its power; and the government that took the same step six, and soon eight, other governments in the country will take. He says we have had a part to play in that atmosphere of hostility by taking a step that almost every government in the country has taken or will take.

I care not—though I have a sense of responsibility, I hope—how the atmosphere of hostility was created. I do care enormously that this atmosphere of hostility abate. Every honourable member knows in his heart of hearts a mediation that is doomed to fail will not abate that hostility. What will abate the hostility is to tell the doctors what I believe and what I think honourable members believe: that we value their independence, we recognize the importance of their role, we recognize the importance they have in our community lives and we want them to continue to be independent in their judgement, assessment, prescription and so on.

We want them to make those judgements with complete freedom, but the bill must be passed because it represents the policy of this country. It is what separates this country from other countries. It is what separates us from the United Kingdom, where there is a two-tiered medical system and where doctors can opt out and ask for money and make themselves unavailable to people who do not have it. It is what separates us from the United States, where people are obliged to submit to crushing economic burdens in many cases.

The characteristic of this country since 1962 is that we have turned our back against the British two-tiered system and the American system. What have we turned our face towards? We have turned our face towards the proposition that our citizens, wherever they come from, whatever their background, whatever their economic resources, can go, without fear of economic consequence, small or large, to any doctor who will serve them. That is a wonderful goal. We in this country are very close to realizing that goal

and when it is realized it will be a mark of our civilization.

I hasten to add, because I respect them and value their work, that we must be very careful to see that our physicians and surgeons are adequately and fully compensated. Honourable members will not find me carping about fees on this matter or that matter. I believe they must be not only adequately but also generously compensated in so far as the taxpayer can assure it.

Mr. Ferraro: The Treasurer is grinning.

Hon. Mr. Scott: I am sure the Treasurer agrees. We are getting him to approach generosity in a more open spirit than has been typical of Treasurers under the old government.

It is very important to indicate to the doctors that their independence is not at stake in this society. It is not at stake in Alberta, it is not at stake in Nova Scotia, it is not at stake in Ontario, but the taxpayers and voters of our country want every citizen to be able to go, without fear of economic burden, large or small, to any doctor who will serve them.

Much has been made, and will be made, by the third party about whether we are being tough enough on the doctors. I think the member for Oshawa (Mr. Breaugh) made reference to the fact that the most recent time health care workers attempted to close a hospital, in 1982, when there was a province-wide strike of health care workers—not doctors but hospital workers—the government went to court to declare them an essential service and put the leader of the association, Grace Hartman, in jail. The member for Oshawa suggested that might be one of the appropriate responses. I do not think it will be necessary to do that.

Mr. McClellan: I doubt he said that.

Mr. Grande: He did not say that; come on now.

Hon. Mr. Scott: He may not have said that.

Mr. McClellan: I do not think that is a very fair suggestion and you know it.

Hon. Mr. Scott: I was here and the honourable member was not.

Mr. McClellan: I was listening and the honourable member was not.

Hon. Mr. Scott: I make no point of it. To be fair to him, I think he was contrasting the attitude of this government with the attitude of the previous government.

Mr. McClellan: The double standard perhaps.

Hon. Mr. Scott: All right. That, of course, is the previous example to which he referred.

I believe when this bill is passed the doctors of the province, who are democrats and our fellow citizens, will recognize that this Legislature, like the seven other legislatures in the country and like the Parliament of Canada, has spoken to the issue, and, whether they support the policy that has been selected or personally reject it, they will comply with it because they are citizens and professionals. I know all members of all parties want to encourage them to do so and want to say in this debate nothing that is designed to exacerbate their difficulties, to inflame their passions or to heighten unnecessarily or improperly their anxieties. When all is said and done, the democratic assembly has a right to speak to this issue and must speak to this issue, and I pray tomorrow will be the day.

10:10 p.m.

Mr. Gregory: I can easily appreciate the words of the Attorney General. He is quite a spellbinder and I can appreciate he sways many people, many juries and many judges. It is quite marvellous, except that he tends to twist words just a bit. Let me hasten to assure the Attorney General there is no doubt about where this party stands, no doubt whatsoever. We have made it very clear. We are against the banning of extra billing. I do not know how I can say that any more clearly. We are against the banning of extra billing.

The government chooses to say that the opposition party is in favour of extra billing, tending to give the impression that we want every doctor to extra bill. That is not so, and the member knows it.

The government makes the point that it has done a great job of negotiating. It is difficult to negotiate when the government party begins from a position of rigidity. When the government spots its position and says "We will negotiate, but we will not vary from that position," that is not negotiation in any way. The member should be ashamed of himself for taking that position and trying to sway this audience the way one would sway a jury.

I ask just one question of the Attorney General. What would his position be if a government—not necessarily his, because I do not think he is going to be around that long—decided it would treat lawyers the same way? In other words, lawyers would not have the right to determine their fees, as they do now. I do not think he can argue that point.

I respect his words, but, frankly, I think he has tried to twist what we have been saying. He was very clear on our position. We have stated it. How many times do I have to say it? I will spell it out, or speak very slowly, so he can understand. There is no difficulty in where we stand. We are not in favour of the banning of extra billing. Has the minister got that now?

Mr. Grande: First, I want to congratulate the Attorney General on a good maiden speech. I hope he is not going to deteriorate from this point with respect to his speaking.

I want to ask the Attorney General a few questions. While he was asking the official opposition, "Are you in favour of extra billing?" I listened very carefully and noted that the minister never answered the question himself.

He talked about the fact that every member of his party was elected with that in his brochure, in his election platform. However, during the Attorney General's speech—and perhaps I am wrong or I missed it; personally, I did not hear it—he did not say whether he was in favour of extra billing. Perhaps he could answer that and put it on the record to complete an otherwise excellent speech.

Mr. Brandt: I have a couple of questions for the Attorney General.

One is with respect to the comments he made about compliance with the Canada Health Act. In his remarks, he indicated we are simply moving towards the same position other provinces have taken. Could the Attorney General, in his answer, perhaps indicate whether the modified position as put before this House, and the one we received today from the OMA, would be in compliance? If not, why not?

The whole constitutionality of the federal government's withholding of any transfer payments from the individual provinces is also a moot question I would like him to respond to.

Second, the question of the independent professionalism of doctors was an issue he raised. He indicated it would not be compromised in any way as a result of the passage of Bill 94.

This is not a hypothetical question, but a very real one that he touched on briefly in his remarks. If, at some future point, the government decides to negotiate with the doctors and the parties reach a position where they are not in agreement as to the settlement of the doctors' wages under the Ontario health insurance plan fee schedule, could he indicate what kind of leverage a doctor might have at that time, since the opportunity or alternative of extra billing would be removed

from whatever arsenal of weapons doctors might have to negotiate with the government?

How would a doctor negotiate for what he perceives to be an adequate wage when he can no longer extra bill, even to the very limited extent that extra billing is allowed today? Does the Attorney General not feel that this removes some element of the individual ability of doctors, under those circumstances, to negotiate what they consider to be an adequate wage?

Mr. Taylor: I listened very attentively to the member for St. David (Mr. Scott), the Attorney General—

Mr. Baetz: Attentively, not tentatively.

Mr. Taylor: Attentively—and I can understand why he has mesmerized his members and why they are so unified and arbitrary in their posture on this bill.

However, may I point out that the bill itself causes some confusion in the title and then, of course, in the short title. In the one case we are talking about extra billing and in the other case we are talking about accessibility. To me, those are two matters that we should be able to negotiate and settle, whether we are talking about them in the abstract or in the real. We are talking about money. We are talking about the accessibility of the public to the health care system.

There is another aspect of this bill that has really instilled fear into the hearts of the medical profession. It is a concern that has been generated by my New Democratic Party colleagues. I do not want to be unkind to them, but there is concern about that hidden agenda. There is concern about the future of the medical profession. That is more than perception; it is reality. Members talk about dealing with the reality. The perception is the reality here, and that is the issue we have to penetrate.

It is going to be very difficult to dignify a perceived deception of a bill where we have issues that are not seen as the crucial issues among members of the medical profession and, I suggest, some members of the public.

Hon. Mr. Scott: There are more questions than I can possibly answer. I am glad to know where the member for Mississauga East stands. He stands in favour of permitting doctors to extra bill. I will be interested to hear the Leader of the Opposition and the member for St. George say that tomorrow, because I have to get out my householder mailing as soon as possible and I want to have a quote from each of them in it.

The member for Mississauga East refers to lawyers. The point to note here is that lawyers are generally not paid from the public purse, except

in one case where they are regarded as essential. Legal aid lawyers are paid from the public purse, and for my profession it has always been the law, introduced by the former government, that a legal aid lawyer paid from the public purse cannot extra bill and that it is an offence to do so. That is the analogy.

May I now deal with the member for Oakwood (Mr. Grande). I support this bill. If there were any doubt about it, I could not have stood in this ministry and I could not have made the speech I did tonight. I am surprised he exhibits any doubt about it.

With respect to the question the member for Sarnia asked, I do not believe that the plan proposed complies with the Canada Health Act. The Canada Health Act makes it plain on its terms that it does not comply. Mediation is an important process, and if there should be in the future a dispute about what the OHIP tariff should be, between \$10 for a visit or \$7 for a visit, that is an appropriate subject of mediation because there is a middle ground to which both parties can go and meet their objectives.

Mr. Brandt: Does the bill guarantee that?

Hon. Mr. Scott: No.

10:20 p.m.

Mr. Dean: I do not intend to be either as long or as erudite as the previous speaker. The first thing I want to say is that we are facing and we are discussing bad legislation. Let us not make any fancy words about it. It is something that has been set up by a government, for some strange reason, taking leave of what I would call a Liberal or middle-of-the-ground stance, to take a very stubborn—we were warned this afternoon that we cannot call it pigheaded; I will say as stubborn as a pig might do if he were doing this.

Mr. Brandt: Muleheaded.

Mr. Dean: Muleheaded, not pigheaded. Boneheaded maybe, but very stubborn.

Mr. Gillies: I tried that word.

Mr. Dean: The member likes “pigheaded.”

It is a very stubborn attitude on something, principally, I suspect, because they were egged on by another group somewhat to the left of this party. I believe that may be the way in which it came about. I am loath to think the majority of the members of the government are so stubborn on the wrongheaded direction the government seems to be taking right now, because I know there are some very honourable people among those of the government.

Mr. Brandt: Name one.

Mr. Dean: Name one? Let me think. I might not want to exceed my time limit by taking the time to think of one.

Because the issue that is alleged to need attention is extra billing, one cannot be surprised that a lot of the members of the public are becoming increasingly puzzled about why the government is attacking with such vehemence, with such an overkill process, a relatively minor defect, if indeed there is a defect.

Mr. Baetz: The Rambo mentality.

Mr. Dean: Rambo?

It has been said by many previous speakers, and I think it was mentioned by the most recent one, that the percentage of physicians who opt out is relatively small among the total. I believe it is in the neighbourhood of 11 to 12 per cent. Of that group, the number practising extra billing is much smaller; probably about five per cent of the total.

Mr. McLean: It is three per cent.

Mr. Dean: Only three per cent? It is going down every day.

Mr. McCaffrey: It is going down by morning and by night.

Mr. Dean: My colleague the member for Armourdale (Mr. McCaffrey) points out that by the time this debate ends, there may indeed be no physicians who are extra billing. Of the group which occasionally or generally extra bills, the total is a very small percentage of the aggregate billing that is done.

One cannot help but agree that the outsider, not having been exposed to as much of this as the members of the House or the members of the two parties who are fighting, remains puzzled over such a fuss surrounding a prerogative which most doctors do not choose to use in any case.

With a heavy-handed force, the government has retreated from its traditional liberalism and has attempted to beat the doctors into submission. What would one expect the reaction of the doctors to be? It would be similar to the reaction I would have. I know the Treasurer, in any of his many capacities, present, future or past, would be horrified if he were faced by someone who was trying to beat him into submission for something that only about two per cent of his colleagues were engaged in. I would be horrified. We would react with resentment. We would say it was a bum rap, a phoney charge. We would fight for our freedom. We would not want to be accused of that. We would not want to be punished for something that is not adequate. Both the Treasurer and I would do that.

We would also wonder whether this was just the first step for something else. If it is an attempt to correct something that is not there, as we perceive it and as I know many physicians perceive it, then what other rationale is there for this kind of legislation?

Expressing that feeling quite well, Dr. Richard Railton, the president of the OMA, is quoted recently—I am sure members have all read it, but I want to get it on the record—commenting on the government; that is, those people over there, those nice guys and gals with whom we speak so chummily. When the members of the government get together they are not quite the same as the sum of the parts. Something else is added.

Dr. Railton said: "The government has backed us," that is the physicians, "into a corner. The only way we can get at the government is by expressing our position, our case and our needs to the public." That is one of the unfortunate realities of life. When one fights a government, one has problems. That is a difficulty many of us in our own municipalities have heard people express, "We cannot fight city hall." It is a defeatist attitude. One thinks government has all the resources and one is beaten before one starts.

The resources of the government of Ontario are certainly formidable and even a profession, a group of our fellow citizens, highly respected by us all, as the physicians are, and well-heeled as some people like to think they are, with the intelligence and the organizational capability to mount a campaign against this, even those people must feel they have an unequal opponent.

They have to resort to the only way they can, especially when they have been repeatedly told, and we have heard it told to us in the most silver-tongued eloquence we expect to hear this evening by the previous speaker, the government has no intention of doing anything of a conciliatory nature. The physicians cannot help but feel they are against not only an unequal opponent but also a completely intransigent one with no desire to approach them in a reasonable way.

We are further informed by speakers for the medical profession that we should not expect and the government should not expect them just to roll over and play dead because the government is giving them a hard time even if this bill is passed. The principle on which the doctors are making their stand will be just as alive and just as important 24 hours from now as it is now. They will be very strongly tempted, very strongly influenced to continue the kind of very public, very visible and very effective opposition to the

government's program and policy they have already begun.

It is for that reason that many people have said and continue to say exactly what the Attorney General (Mr. Scott) said could not be done. One has to beware the silver-tongued orator because he can put the accent upon the right syllable and convince people who do not really want to be convinced that what he says is right. I do not necessarily subscribe to that. Maybe I have been in politics too long.

However, there have been a lot of calls, and not only from our party. I am sorry the Attorney General saw fit to go out. Maybe he was exhausted by his performance. I am surprised he had any doubts as to what the stand of our party was on this issue and that he did not give more credence to what has been said by our leader and by many speakers from our party over the days this has gone on.

Mr. McLean: He is not always here.

Mr. Dean: The member for Simcoe East has made a good point. The Attorney General is not always here when these—

Hon. Mr. Kerrio: How would the member for Simcoe East know?

10:30 p.m.

Mr. Dean: He would know because he is here all the time. He is our Simon Legree.

We have made it very clear that we believe there is a place for mediation, for the middle ground; and that by definition, the government has set itself up as something that cannot be mediated. It said, "Here is where we stand, we are not going to do anything else." That makes the job of the mediator very difficult. Somehow, the mediator would also have to be willing to try to convince a stubborn government it was being too stubborn in this case.

There have been calls for mediation, not only by our leader, the member for St. Andrew-St. Patrick (Mr. Grossman), but also by many members of the public, not just the physicians. For example, of all people, the editor of the Hamilton Spectator, a newspaper in general circulation in my riding and in all the other areas around the region of Hamilton-Wentworth, said twice within a week to call in a mediator, referring to the doctors and the government. It is very unusual for that newspaper to make this sort of emphasis.

I wish to read a few sentences from the most recent editorial on this topic: "The current impasse and pending showdown between the Ontario government and the province's doctors is

totally out of proportion with the problem at the heart of the bitter dispute. While there is still time"—and this was not written today, it was a few days ago—"both sides would do well to seek the help of an experienced mediator in a final attempt to settle their differences before innocent bystanders get hurt.

"What appears to have been firmly established in the public mind by now is that the Ontario doctors, out of the blue, have demanded from the government the right to charge their patients more than the fees paid by OHIP and that the government has turned down that demand. This is a misconception which props up the government's stance as defender of the sick and paints the doctors in a greedy corner." That misconception is encouraged by many of the statements the government's representatives have made.

"The fact is, the doctors have had the right to extra bill all along, but the large majority of them never did and operated within the OHIP fee schedule. They firmly believed that having the right guaranteed their independence."

I could quote more, but I do not think it is necessary because it repeats what our party and our leader have been saying all along. I am repeating those phrases deliberately, because I was really aghast that the Attorney General had the, I will not say ignorance, but lack of being informed to be able to say with a straight face that he did not know what the stance of our party is on this.

As for statements by the Premier (Mr. Peterson) about mediation, he has been quoted as saying on more than one occasion, "There is nothing to mediate." That sounds like the same party line we heard half an hour ago in this chamber. Does he believe there is nothing to mediate in the situation which has come about because of that stubborn stand, which has resulted in the temporary closing of certain parts of the hospital services, of emergency departments? Even as recently as today, we have been informed that emergency departments in eight hospitals have closed.

I do not know what the Premier means by "nothing." Perhaps he regards those occurrences as unimportant. I do not think so. Members of our party do not believe it is unimportant, when our excellent health care system is being threatened by the actions of a stubborn government that refuses to admit there is any need to move.

Contrast that with the very courteous attitude of the doctors and other staff at a function the Premier attended yesterday in Scarborough.

Although the doctors must have detested the fact that this representative of a group which is trying to grind them down was coming into their hospital, they did not stand around and hurl stethoscopes or even invective at him. They were very courteous. They probably did not kiss him on both cheeks but they carried out their regular duties and ignored the fact that he was intruding.

The chairman of the board of governors of the hospital, Mr. Abel, was quoted in the news reports explaining his stance as chairman of that board. "We have to call for a truce this afternoon and celebrate the fact that something has gone right and we have a fine new facility." Members who were here earlier in the afternoon will recall that the member for York Mills (Miss Stephenson) pointed out that what Mr. Abel was referring to was that there is a much-needed and well-constructed addition to that hospital which—

Mr. McCaffrey: What is that called?

Mr. Dean: It is called the Scarborough Centenary Hospital. It was started some years ago, fortunately, before the present government got in to gum up these things. It was also finished before the present government took over.

Mr. McCaffrey: It is not the Margaret Birch wing, is it?

Mr. Dean: It is called the Margaret Birch wing. She is a very fine lady and it was the privilege of both the member for Armourdale and myself to follow her in a certain role in government in years past; that was a very classy act to follow.

Mr. Abel, chairman of the board, called on the Premier to appoint a mediator in the extra billing dispute. This is not some starry-eyed innocent, it is not a politician speaking, it is the chairman of a board of a large hospital in Metropolitan Toronto. The Premier said afterwards, "There is nothing to mediate." However, we did not expect him to agree to the appeal of even someone of the stature of Mr. Abel.

There is another illustration of the wrong-headedness of the action the government is proposing in this bill. This one comes from comments made by a group which is probably as close to the physicians of Ontario as anyone. I do not mean the registered nurses but rather the medical secretaries who have also seen the need and are very close to the physicians of the province in the everyday operations of the offices. They have effectively issued a call to the barricades protesting the proposed action of the government. They feel that all of their members should stand up and tell the story as they know it as to what happens in a doctor's office.

To quote one of the secretaries, "What really happens bears little resemblance to the claims by the Minister of Health, Mr. Elston, that pensioners and others are held hostage to extra-billing doctors." One of these medical people said, "I would like to know where all these patients are because I see thousands every year and I have never seen anything like that." She added, "We have never extra billed anyone over 60 years of age. They can come in wearing a mink coat without being billed above the amounts of OHIP rates, provided they are senior citizens."

10:40 a.m.

Another of the Minister of Health's comments was that the people of Ontario gave him a clear mandate to ban extra billing. One of the same group, a medical secretary, said of this, "I voted Liberal and I did not vote for that." The whole group appeared to be unanimous that patients are not shy about revealing their financial needs. Another medical secretary, who would meet all kinds of patients frequently, said, "People are not afraid to say, 'I cannot afford it.'" The doctor who is opted out of OHIP quite readily does not extra bill patients on welfare, senior citizens or single mothers.

There was general agreement among the group that the New Democratic Party had blackmailed the Liberals into becoming socialists. "We just want the people to see what is happening before it is too late", said the lady from the group of medical secretaries who was quoted here. "People do not realize that if this bill goes through, it is only the first step." We see the unease, the concern and the fear of what may be lurking behind what seems to be a rather trivial bill when one looks at the problem it is designed to cure.

My constituents include many physicians, all of whom are opted in, but those who are opted in are as vehement in their rejection of the need for this bill and of the way the government has gone about imposing it as if they were opted out. These physicians say their freedom is threatened. In spite of the circumlocution the Attorney General gave us as to whether freedom is really threatened if one prevents people from doing things, they have genuine, sincere apprehension about the effect this ill-conceived bill will have on their freedom to deal with their patients as they see fit.

The patients of these doctors in my riding, which I believe is typical of most of the ridings in Ontario, respect those physicians not just because they are their personal physicians, although that is a great bond between them, but also because of the tremendous contribution physicians make to the community in so many

ways. I do not want to give the impression that they are the only professional people who do that; of course, that is not so. However, they are people who live in the community, who take on their share of community activities and are some of the first we call on when we are looking for some good works outside regular professional activities.

The people with whom we are dealing clearly are not fly-by-nights or excitable paranoids. The physicians of this province are responsible people. Our party, of which I am proud to be part, is most comfortable in supporting the physicians of this province in their struggle to maintain their professional freedom and integrity and, above all, to be consulted and treated like people of equal importance and intelligence, rather than being bludgeoned into submission to a very large degree in an attack on what is alleged to be a problem, but one that is not really like that.

The vast majority of doctors do not overbill. In spite of the cleverly contrived alternative title to this bill, the doctors are accessible to patients at the moment. I have tried to demonstrate that and many of my colleagues did so earlier in this debate. It is a disgrace that the government has brought on this senseless confrontation. Even at this late date, I call upon it to realize that either there should be some changes or the bill should be withdrawn.

Mrs. Grier: The member for Wentworth, in his comments, has portrayed exactly what is wrong with extra billing by calling upon doctors in their offices to make a decision as to whether their patients can afford to pay over and above OHIP. In his response, perhaps the member will explain to the House why he thinks it is appropriate for a doctor to be privy to the income status of all his patients so that he can make a determination as to whether a certain patient can afford to be extra billed. By what type of means test does he envisage the doctor making that decision?

I also found it interesting that the member felt he needed to assure the House that not all doctors were excitable paranoids. It is a fascinating phrase, not one I would have thought to have used. As he uses it, however, it calls to mind some of the exhibitions—Krazy Glue on fellow doctors' doors and beating against the barricades outside this House the other day. Perhaps the member will explain to us why he found it necessary to use that phrase.

Mr. McGuigan: I rise to ask the member, in a purely thoughtful way, why he would choose to

say that the honourable members of this party were blackmailed.

I take some offence at that. Why should people who were elected openly and democratically, who represent the people who elected them and chose to follow the policies against extra billing they had clearly enunciated in the election campaign, be labelled—in association with the third party—as “blackmailers”?

I always thought we had the respect of each other in this chamber, that we were all honourable members. I feel that I am an honourable member, and I know very well that the member for Wentworth is an honourable member. I ask him to reconsider the phrase, in making the charge that we were “blackmailed.”

We were not blackmailed. We followed the Canadian way in following the Canada Health Act. We are working on and living up to the law of this land. There is not one shred of evidence with which the member for Wentworth, or anybody else on that side of the House, can point to blackmail. I put that to him.

Mr. Taylor: I rise in partial defence of my colleague. I believe the member for Kent-Elgin (Mr. McGuigan) was quite extravagant in his remarks. I believe he interpreted the expression too severely, too critically and too much out of context.

If I am not mistaken, what was said was that the Liberal Party was levered into this position because of an accord. That was the sense, the context of what I heard. He was not talking about blackmail in the criminal sense. To give the expression that meaning is unfair, and certainly not something I would have expected from the member for Kent-Elgin.

As the Attorney General mentioned, there is a concern in this bill—and it is a legitimate one—about a hidden agenda. I believe that is more real than some of the government members are prepared to admit. Perhaps that is a reason that a mediator is not invited to pursue this matter.

If it is a question of extra billing, where is the extra billing? That can be addressed. If it is a question of money, that can be addressed. How many people are extra billed? Just a handful of people. If it is accessibility, how many people do not have access to our health care system? I do not have one medical doctor in my riding who extra bills, not one single doctor. However, the doctors are afraid they are losing their freedom, and that is a genuine, sincere concern, from the heart. It is their belief. If they have that belief, there is something wrong. There is something in

this bill that conjures up that fear. I suggest that the members pursue and admit that.

10:50 p.m.

Mr. Lupusella: I rise to express my position in relation to the statements made by the previous speaker.

I feel very strongly that the revolutionary approach taken by the doctors and specialists across Ontario is the result of years and years of frustration. I want to make it clear.

If you recall, Mr. Acting Speaker—I do not think you were around then—in 1980-81, the province as a whole felt the effects of extra billing. The position of the New Democratic Party then was very clear, and a petition with 250,000 signatures addressing the problem of extra billing was presented to this chamber. The question I would like to raise with the previous speaker is why the Progressive Conservative government in 1980-81 did not take any action in relation to the issue of extra billing in Ontario, when the doctors felt so uneasy about the situation?

Mr. Dean: First, I would like to be sure the member for Lakeshore (Mrs. Grier) heard me correctly. In one of her comments, she said that I said, "The doctors are not all excitable paranoids." I did not say that. I said, "The doctors are not excitable paranoids." There is a difference. It is like the difference between saying, "Half the opposition are asses," and saying, "Half the opposition are not asses." There is a slight difference.

Hon. Mr. Sweeney: Not much.

Mr. Dean: No, I agree in the case of the minister.

Mr. Brandt: Have you got the distinction?

Mr. Ward: We cannot say that.

The Acting Speaker (Mr. Morin): Order.

Mr. Dean: The other, more significant question asked by the member for Lakeshore was why the doctor should be privy to the income status of the patient. The member may not be as familiar with doctors in small communities as I am, but for a long time there has been almost a tradition that doctors in those communities were very considerate about whom they charged more. There is nothing wrong with being charitable to one's neighbours.

I want to assure the member for Kent-Elgin, who was offended by the word "blackmailed," that I was quoting from an article which in turn was quoting medical secretaries who said, "There was general agreement that the New

Democratic Party had blackmailed the Liberals into becoming socialists."

I thank the member for Prince Edward-Lennox (Mr. Taylor), who has left temporarily, for his lucid explanation of some of the aspects of what I was saying.

The member for Dovercourt (Mr. Lupusella) raised the question of 250,000 signatures, but I do not think he asked me a question. People will sign a petition that looks as though it is good, even if they do not have a personal interest in it.

Mr. Gillies: I want to join this debate on third reading of Bill 94, I hope constructively, and perhaps with a few thoughts that we have not heard this evening. I may do so at some length because I did not speak on second reading of this bill. I did not speak during the committee stage of the bill until this afternoon when we were debating the motion put forward by the government House leader, but there is a lot I want to say about this bill.

Going back to the remarks made earlier by the Attorney General (Mr. Scott), I have held myself somewhat in reserve over this bill because—and I want to start with a premise—I do not particularly care for extra billing. The Attorney General asked us to state our position on the bill and perhaps a bit of thought and a bit of philosophy about it. I want to start with the premise that I do not particularly care for extra billing, but I fear far more the consequences of Bill 94 than I fear the consequences of extra billing.

I want to quote to the assembly some remarks of which I hope the Attorney General who spoke earlier might avail himself at a future date, because they state some of the problems more articulately than I could. I will quote some comments by his colleague the member for Humber (Mr. Henderson).

The member for Humber has had a very difficult decision to make in the position he has taken with regard to this legislation. I am sure his colleagues in his party would agree with members of other parties that for a member to break ranks on a piece of government legislation on what is clearly a matter of closely held conscience for that member is a very serious matter indeed. We all know how things work around here. I see three of my colleagues, sitting in close proximity, who came into this chamber the same day I did in 1981. In those five years I have not voted against a position taken by my party. I have done what many of us have done in the past. If one does not like a position that has been taken, one goes for a walk or one finds oneself strangely unavailable for the vote.

But to dissent openly and ultimately to vote against an action put forward by one's own party is not very common around here and is rather serious. It is with this in mind that I want to quote into the record some of the comments made by the member for Humber on January 28 of this year, speaking in the second reading debate:

"Liberal candidates in May 1985, and I was one of them, campaigned on the promise of negotiations with the OMA to take action on extra billing. As a physician-candidate long troubled by the abuses of extra billing, I did not have difficulty standing on our party's platform. However, to me one of the operative words in our promise was, and is, 'negotiate.'

"The problem with extra billing, in my opinion, is that some patients may not be able to obtain treatment services in certain areas and in certain fields of practice except from practitioners who extra bill substantially. Some physicians have shared my concern about this and some were pleased with, though wary of, a government that promised the situation would be addressed."

So in good conscience the member for Humber embraced that policy, offered himself as a candidate for election under the Liberal banner in the last general election and won his seat. He has proved himself not only on this legislation but also on other matters that have come up for debate before this House to be a member of great intelligence, common sense, sensitivity and professionalism.

I go on to quote our colleague, again on January 28:

"Tonight, however, I am defending the people of Ontario from the threat of a weakening of the health care system. I am arguing a people point of view because I believe in their good health and their right to pursue a creative lifestyle of their own choice with vigour and energy. I believe in their health and wellbeing.

"I am also arguing for democracy and freedom. I am arguing that it is not advisable for the state in peacetime to conscript physicians or any other group in society and compromise their democratic freedoms and circumstances, other than in a temporary state emergency.

"The apparent permanent civil conscription of virtually an entire profession in peacetime is a serious and disturbing matter. I feel conscience-bound to oppose it."

We are listening to the words of a man who has practised an honourable profession for many years, who is recognized in his field and who stood in good conscience for what he thought he

understood to be the policy of the Liberal Party in May 1985. On the production before this House of Bill 94, he feels, in all good conscience, constrained to oppose the legislation.

Let me go back to the earlier comments of the Attorney General who, with all the powers of his intellect and his peculiar ability to articulate, put forward the proposition that in Bill 94 the government was putting forward a clearly understood policy from the election of May 1985. I would say to the Attorney General, in his absence, only that this was clearly not the understanding of his colleague the member for Humber, and I would venture to say it was not the understanding of many, many people in this province who voted for the Liberal Party in May 1985.

11 p.m.

In fairness to the members of the New Democratic Party, their position on this issue has been consistent for as long as I can remember and remains consistent.

But the NDP did not put this legislation forward; it was the Liberal Party. A Liberal Party—

Mr. McClellan: The member is wrong there.

Mr. Gillies: Ultimately, the name of the Minister of Health (Mr. Elston) is on the bill, but my friend the House leader for the NDP (Mr. McClellan) raises the question of who actually put the bill forward. I can only concur with him. In that construction, who really did put the bill forward?

None the less, we are faced with government legislation which, it would appear, was not the understood policy of many in the Liberal Party leading up to May 2, 1985. It was not the understood policy of many who may have supported the party at that time. I venture to say to the government members that if there has been growing support for what is colloquially known as the doctors' position as this debate has unfolded over the months, I suggest to them that this is why.

It is very easy politics and it sounds good to say that if one took office one would ban extra billing. Just the sound of the words: "Ban extra billing. Do away with an extra cost," is great politics. However, I am not persuaded that the way this government has gone about it, as good politics as it may have been perceived, is good government or good legislation.

I also say, as I mentioned earlier, that while we have known the clear and consistent position of the members of the NDP, we have not known a clear and consistent position by the Liberal Party.

Not so many years ago, under the leadership of the member for London Centre (Mr. Peterson), the Premier, the Liberal Party favoured extra billing and spoke out on platforms across this province in previous elections about its concerns with eliminating extra billing and the problems it could cause.

It strikes me as more than passing strange that when 19 per cent of the physicians in this province extra billed, the Liberal Party supported extra billing, but now, when only three per cent extra bill, it finds itself opposed. Often party positions change because a problem grows worse. Often a party has to change a position to meet a problem that has become exacerbated. In this case, precisely the opposite has happened. The Liberal Party has changed its position, for whatever political goal or aspiration, as the incidence of extra billing has dropped dramatically.

It causes me and my colleagues some annoyance that the government has chosen for many months to champion this cause within the health care system when we do not believe it is the real problem within that system. We all have to draw on our own experiences within our own constituencies. I have reviewed my files very carefully because, like any of us, I would not want to be accused of misleading the House. Since the day I walked into this chamber in March 1981, I have had well over 100 complaints, either by letter, telephone or personal visit into my constituency office, about issues regarding health care, such as a shortage of beds, the availability of chronic and long-term-care beds, the problems of surgery being postponed because of hospital overcrowding and so on.

Before I hear a chorus of members saying, "Yes, yes, you were the government, it is all your fault," I want to say that I do not raise that in a partisan sense. The health care system had problems and strains when we were the government, and those problems and strains continue.

Mr. Offer: Here is your chorus.

Mr. Gillies: My friend the member for Mississauga North said, "Here is your chorus." I do not raise that in a partisan sense, I raise it because it is the real problem regardless of which party sits in the Treasury benches.

I also looked back through those five years of records in my constituency office to see how many problems had been brought to me regarding extra billing. In five years, I have found one problem. One. I looked at the file in the particular case and it was definitely an abuse. When the

constituent brought it to me, I contacted the physician and the matter was taken care of.

That is one case in what I assure my friends in the House is a very busy constituency office. We run a pretty busy operation in Brantford. My predecessor from the New Democratic Party did and any member representing that riding would have to. I have had one problem in five years about extra billing, but more than 100 problems of genuine accessibility to our health care system.

When I see Bill 94 being called by the short title of Health Care Accessibility Act, 1986, I say the short title of this bill is misleading. It is misleading because I know what some of the accessibility problems are in our health care system and I do not believe this bill takes steps to ameliorate them. I do not think this bill addresses health care accessibility in this province. The title of the bill in itself is misleading.

Like several other members of the assembly, I was not born in this country. I was born in England. I am very proud of my birthplace and I go back whenever I can. I may not be as quick to criticize the British health care system as many are. There are some very fine aspects to it, but the strain, the problems, the delays in surgery, the backups, the misery that surrounds the National Health Service in Britain is something we would never want to see in Ontario.

I grew up in England, in a small village 60 or 70 miles from London. My father was a working man. He always worked until his retirement in factories and at various things. We were not the kind of family during my youth that would ever see a Harley Street specialist in England. We were not the kind of family that would ever have access to the private health care system in England.

If the government members believe this legislation is going to help to steer our province away from a two-class health care system, I am utterly unconvinced of that. I believe very strongly that this kind of legislation does quite the opposite. It takes us one step closer to two-tier health care in this province.

This kind of legislation takes us one step closer to physicians feeling they cannot meet their aspirations within the framework of state health care, and it will drive them out to set up practice in the private health care system, when truly we will have an increasing accessibility problem and there will be a class-based health care system in our province. I believe that.

I believe the evidence is clear in Britain, where, since the National Health Service was put

in place, there has not been a reduction in the growth of private health care. In fact, there has been a growth and a proliferation of private health care, which is utterly inaccessible in any way to people of modest incomes, utterly inaccessible to any but the middle and upper classes and those of higher incomes. I have had this argument many times with friends of mine in the third party. I know they do not share my assessment of that. It is just a point over which we will have to disagree, but I do believe it.

All that takes me back to my original premise. I believe in accessibility to our health care system for our people in this province in every respect. I believe the physicians of this province, or at least those with whom I have spoken or those I know, passionately share that belief with me. Their concern and my concern is that this kind of legislation, Bill 94, will have quite the opposite effect to what I believe the government intends in bringing it forward.

11:10 p.m.

I believe in accessibility. I do not particularly care for extra billing in medical services, but then I do not particularly care for the affordability problem of people requiring access to dental care. I do not particularly care for the affordability problem of all the people of this province needing access to some aspects of nonmedical health care. If I may say philosophically, I do not particularly care for the affordability problem of our citizens wanting first-class legal assistance, first-class housing and first-class access to all the benefits of living in a society as free and as wealthy as ours in Ontario.

For all of that, I do not see an answer in emasculating a noble profession. I do not see an answer in causing a rift and an anger in the medical profession, the like of which we have never seen in Ontario. I do not see an answer to accessibility and affordability for our citizens in Bill 94.

The effect of this legislation would be deleterious in many ways. I have spoken already of my belief it will lead to an increase in private, profit-motivated health care in our province, as has been witnessed in Britain and other countries that have moved to state medicine. Also, this kind of legislation can serve to drive out of this province some of our best physicians, our most highly trained professionals and our most learned specialists.

Without meaning any disrespect to any other province in this great confederation, Ontario is not Prince Edward Island or Nova Scotia. We are the great metropolitan province in this country:

the largest, the most powerful, the wealthiest. As a result of that we have health care facilities, especially in our great cities, that are not rivalled anywhere else in Canada.

Again intending no disrespect for the ability of physicians practising across this country, I cannot imagine there are specialists more highly trained, more highly regarded in the profession and more able to serve in very fine points of specialization. I have my doubts that they will be found in any great numbers anywhere in this country as they are in Ontario.

Through this kind of legislation, we can serve to offer such a disincentive to practise medicine to people in this province that we could serve to chase them away. We have had some experience with this in the past. The brain drain of our medical talent is nothing new. The past government was accused at various times by the medical profession of contributing to it, with perhaps as much vigour on the part of some doctors as in the current circumstance.

I know an excellent physician from Brantford who practised medicine in this country for a great many years. Some 10 years ago he packed up his family and moved to Texas. When I asked him why he was doing it, he said he feared the encroachment of state medicine and some of the reforms that had been brought in. He hopped it to Texas. He is probably making far more money there. If I may draw the analogy, his departure hurt our community. He was one small part of the collective expertise and wisdom of the medical profession in my community, and his departure hurt.

My own family doctor, who has been my family's doctor since we moved to this country 26 or 27 years ago, told me he and his family left Quebec when they saw the drift towards state-controlled medicine in that province. They settled in Ontario because they thought there was a better climate here for him to practise his profession with integrity. Now, although this is a physician who never has and never will extra bill, he is upset by what is going on.

He is the mildest, most pleasant and professional man to whom I could ever introduce my friends in this chamber, Dr. William Buller of Brantford. He is a great friend of my family and of our community.

He is very upset. I swear to you, he is not a man who is prone to the discussion of politics in his office. I could count on one hand the number of times over the years he has even ventured to suggest that he votes for me—and I think he does.

However, he has been driven to a great sense of frustration and anger by what is going on.

Hon. Mr. Nixon: My doctor says he does not vote for me.

Mr. Gillies: My friend the Treasurer says that his doctor says he does not vote for him. If we could only recruit about 10,000 of his friends in Brant-Oxford-Norfolk we might knock him off. I do not hold out that much hope.

This is the problem. I want to talk about my own community, again, for a moment. In Brant county, we have somewhere between 130 and 140 practising physicians in every field of practice, from the specializations to general practice and so on. Two of them—two, out of 130—extra billed.

At the same time that people in my community have been on waiting lists for chronic care and long-term care beds for a number of years; that we face bed shortages and cancelled and postponed elective surgery; that our county does not have a single child psychiatrist to serve 100,000 people; that we have difficulties keeping psychiatrists in our community at all because we are not large enough; that we do not have a university and we do not have some of the advantages that a highly-trained specialist looks for—at the self-same time that all of these real problems in our health care system continue, this government has chosen to attack one perceived problem in the health care system. What do they do? They bring in Bill 94 and try to end extra billing.

I happen to believe that the position taken by the Ontario Medical Association during the negotiations to which the Attorney General alluded earlier was a reasonable one. I want to restate it for the record. It bears restating. Then I want to come back, if I may, to a few of the other remarks made by the Attorney General.

The OMA said: "1. No patient over the age of 65 will be charged more than the Ontario health insurance plan rate.

"2. No patient receiving treatment of an emergency nature would be charged more than the OHIP rate.

"3. No patient receiving financial assistance from your government would be charged more than the OHIP rate."

Finally, as restated to every member of this assembly in a letter dated today from Dr. Moran, the OMA said, "In a further effort to honour both your concerns and ours, we offered to work with government to guarantee that every citizen of Ontario would obtain medical services from an opted-in physician, or from an opted-out

physician—at the choice of the patient." Every citizen in Ontario. Everyone. Voluntarily offered by the medical profession in this province.

Faced with that, I listened to the remarks made earlier by the Attorney General, in a very powerful speech indeed, in which he again utterly rejected the suggestion of the official opposition that the government take a step back from this legislation and even now, at the eleventh hour, appoint a mediator to try to arrive at a negotiated settlement.

I say this to my colleagues who may have missed this earlier. To my astonishment, the Attorney General stood in his place and said: "We could not have meaningful negotiations with the OMA because it said that to carry on meaningful negotiations we had to withdraw the bill. We were not going to withdraw the bill, so there were no negotiations, and that was the doctors' fault."

11:20 p.m.

Other members, please interject if I am misstating the facts. That is the construction I put on the words said earlier by the Attorney General. It does not ring true to me. The OMA walked in with a very conciliatory package of positions.

I take the Attorney General at his word. Rather than saying, "Let us put Bill 94 aside for a second and talk about that and see what we can work out," by the Attorney General's own admission tonight it was the government representative who said: "We are not talking about withdrawing the bill. If you will not negotiate unless we set the bill aside, then there will be no negotiation."

I know a little—and I admit it is a little—about labour negotiations, and it sounded to me very much as though the government was not bargaining in good faith. It sounded to me as though it was the government representatives who walked into the 11 sessions with the OMA with their minds made up; who were not prepared to move on Bill 94; who said to the medical profession, "Here is the line and we are not budging." It was Dr. Moran and his colleagues who walked in with the proposals and it was the OMA that walked in with a possible compromise, not the Attorney General and not the Minister of Health.

I hope the Attorney General will review what I have said. If he disagrees with me, if he feels I have put an unfair construction on what he said earlier, I invite him to challenge me. That is what I believe I heard and I do not believe it indicated a willingness to have meaningful negotiations on the part of the government. Let there be no mistake. The nonconciliatory, adamant and

inflexible position taken by the government through the course of this dispute has led to the current crisis in our health care system. The inflexible attitude exhibited has led to the current strike and to the situation we are faced with in this province, which can only be described as truly horrible.

It is a situation of people being denied emergency services, of hospital emergency wards closing, of knowledgeable and humane professionals feeling compelled to withdraw their services and of threatened escalation. Lord knows, we could be faced with the closing of intensive care units; we could be threatened with the closing of entire hospitals. As my leader has said, the fault and responsibility for that has to lie squarely on the shoulders of the government.

Earlier, I quoted the words of our respected legislative colleague the member for Humber (Mr. Henderson). I do not believe I am putting a misconstruction on what he said when I say he did not understand the Liberal position in May 1985 to involve inflexible and draconian legislation on the issue of extra billing. Inasmuch as I followed the platforms of the other two parties during that election campaign, that was not my understanding either.

It is not so much the end that is so very painful about this whole debate, it is the means. It is a very sad day for our province when we see not only a noble profession pitted against its government, the government of all the people of this province, but also our citizenry so bitterly split on an issue of this kind. It is a question of responsibility and civil liberties balanced against a government that feels, in my opinion wrongly, it is doing the right thing and only it has the answer.

That is the feeling I get from these people. I do not think the Liberals are particularly evil, but I do think they are awfully obstinate. I am not accusing individual members, but as a government they tend to have a terrible case of tunnel vision. They tend to take the concerns of those who oppose or disagree with them a little lightly. Ultimately, I believe these tendencies will be the failing of the government. They are the government's biggest flaw.

When we were the government, we were accused on occasion of listening and consulting too much. I remember that accusation from members of both other parties. Listening and consulting too much is better than listening and consulting too little. The government dropped this one on the medical profession like a 10-ton weight. From the day it brought the bill into the

House with next to no consultation, it has ploughed ahead like the Titanic. It is a kind of Rambo politics that will get the government into a lot of trouble.

We are in a situation where the debate on the bill will be ended by closure. I can well understand the uncomfortable feelings of many members of the House when such a motion comes before us. I know the Treasurer (Mr. Nixon) and government House leader was sincere in expressing his discomfort about the motion when he did so earlier. None the less, the government has done it. The Liberal Party used to rant and rail and scream dictatorship whenever the previous government was constrained to put forward such a motion, but it is doing it. I venture to say the government lost a bit of its virginity this evening. Nevertheless, the government will have its bill.

I want to turn to the amendment put forward by my colleague, the Health critic for this party, the member for Lincoln (Mr. Andrewes). Knowing as we did that the government was unmoved by our arguments and would not set aside Bill 94 to move to a mediation process, a process dismissed by the Premier and the Minister of Health, and by the Attorney General in his speech tonight, our last-ditch effort was to see whether we could include the mediation process as part of the legislation. My colleague the member for Lincoln moved his amendment, the so-called new section 5a. It would have built in a mediation process as part of the bill, and even after the passage of this legislation would have allowed one last-ditch effort to bring in a mediator within a certain period of time to see whether the dispute could be solved with any degree of satisfaction to the medical practitioners in this province.

The government would not even be moved to consider that amendment. The government would not show even an ounce of reason or flexibility about including that amendment as part of its bill. It would not allow for the appointment of a mediator and a 90-day process to be gone through. That process might or might not have borne fruit, but that is what mediation and conciliation process is all about. The government would not even be moved to allow that last-ditch effort as part of its legislation and voted against the amendment this afternoon.

11:30 p.m.

Day after day, we have heard the Premier say in this House in reply to repeated questioning from my leader and other members of this party, "We do not believe the mediation process would

bear fruit and therefore we are not prepared to consider it."

Nobody can say with any degree of certainty that mediation would bear fruit. That is part of what negotiation is all about. It does not always bear fruit. However, I am glad my friend the Minister of Labour (Mr. Wrye) is here because I am going to speak with pride and in a complimentary fashion about the very excellent mediation and conciliation services provided to that part of our work force in this province which is organized by the Ministry of Labour.

I ask the minister to correct me on my figures because I do not have them in front of me and I am going from memory, but to my recollection, more than 3,000 contractual disputes are brought to the mediation and conciliation services of his ministry. About 90 per cent of them are solved at that stage. Only about 10 per cent, as I recall—I hope the minister will correct me if I am wrong—go to a strike.

Hon. Mr. Wrye: It is less under my government.

Mr. Gillies: The minister should take great pride in that. He says, "It is less under my government." Good for him. That is his compliment for the month.

More than 90 per cent of the disputes within the framework of labour negotiations are solved by mediation and conciliation. I say to the Premier, "Yes, you can hang your hat on that. We are not sure that it would cause the problem that we have." We are not sure, either. When those contracts all go marching in to the Ministry of Labour, they are not sure they will avert a strike either, but more than 90 per cent of them are averted. That is a tremendous success rate. Yet the Premier and the chief negotiators for the government would not consider that option. They would not even take the chance that it would have a chance of success within the context of the current dispute. That is a great pity. It is almost shameful that the government would not consider that.

Our honourable friend the Attorney General spoke earlier in glowing terms of his support for the legislation. I hardly need remind the minister, as others have done, that his attitude was quite different when he was acting for the Canadian Medical Association and when he offered that association a legal opinion that the Canada Health Act could well be unconstitutional. He seems to have changed his opinion, but I am not going to be overly critical of that. As my dear mother sometimes says, "Consistency is a virtue in only a small mind." We are all allowed to

change our minds, but I just put that on the record because I know the Attorney General, with all his powers of persuasion, could have argued the other side of Bill 94 just as easily as he could argue in favour of it. I pass that along to him as a compliment.

Hon. Mr. Sorbara: The member probably wants to do that as well.

Mr. Gillies: I said earlier, for the edification of my friend the Minister of Colleges and Universities and Skills Development (Mr. Sorbara)—I always add that because it is such an important portfolio in any government—I am more than comfortable to stand with my colleagues and my leader in this House tomorrow at 1 p.m. and vote against third reading of Bill 94.

I will restate for the minister something I said at the very beginning of these remarks. I am not crazy about extra billing. I am not wild about it, but I will tell the minister what I fear a lot more than extra billing. I fear the consequences of Bill 94 for our health care system. I fear the consequences of taking one more giant step towards the kind of state-controlled medicine they have in Britain and in other countries. I do not want to see it here in Ontario. When the effects of that are felt, my honourable friend will not want to see it in this province either.

The debate will end at 1 p.m. tomorrow. The motion of the Minister of Health will pass in this House with the support of the members of the New Democratic Party. Our party will oppose it. I believe there has been a bit of chicanery involved with some of the statements being made out of this chamber with respect to the position of our party and the effect it was having on the health care system. I want to talk about that for a moment or two.

Members of the government and the NDP made the association that by having a full debate of this bill, by opposing this bill as vigorously as we could, we were contributing to the current difficulties in the system and the current strike situation. I believe that to be a complete and utter misconstruction of the facts. I want to state for the record that the rift that has been caused in the health care system of this province by this government, with its shortsighted and draconian legislation, will only worsen after the passing of Bill 94. It will not improve.

I want to say here and now that my colleagues and I have done the right and democratic thing in our vigorous opposition to this legislation, and I want to say clearly that my colleagues and I are not responsible for the current difficulties across Ontario.

Mr. Haggerty: If the member were the Minister of Labour, he would have them back to work tomorrow. That has always been the position over there.

Mr. Gillies: I say to the member for Erie that the responsibility for the current problems in the health care system in this province must rest squarely on the shoulders of his government.

Perhaps the air will be cleared somewhat on the matter of this misconception tomorrow at one o'clock when the upset and the anger continue, and it will become very evident that we were not the problem. With every passing hour that this regrettable upset continues, it will become more and more apparent that the government is the cause of the problem, and it will bear the responsibility, as any government does, for the legislation it brings into the House and the effect it has.

Mr. Haggerty: Is the member saying he is opposed to the Canada Health Act?

Mr. Gillies: I have stated my position several times in the speech. I will not state it again for the member. I suggest he grab the Hansard if he really cares that much.

I want to conclude by quoting a few more remarks by the member for Humber, whom I quoted earlier. The member said in debating second reading in this House:

"The apparent permanent, civil conscription of virtually an entire profession in peacetime is a serious and disturbing matter. I feel conscience-bound to oppose it. I believe such a step to be unwise and I would argue that point just as vigorously for any group as I would argue it for physicians. This bill proposes to compromise the right of two citizens to negotiate a simple contract with each other. I cannot favour that.

"Do we really want the practice of medicine to become a state monopoly? Let us think about what we know about state monopolies on this continent and elsewhere, how they work and how they do not work. Is that the kind of family doctor one wants to have? Is that the kind of surgeon or anaesthetist one wants to have? Does one want his or her physician to be a man or woman who feels alienated, angry, constricted, legislated, regulated and stifled? I hope one does not.

"I defend the right of any citizen or group to freedom from conscriptive state control, whether it be physicians who want to be free to practise their art, smelter workers who want a safer, more hospitable work place, machinists who want to fight for a fairer wage or workers who simply want to bargain and negotiate in good faith with

an employer who is willing to bargain with a sense of openness and fair play."

11:40 a.m.

It must be the impression of that honourable member, as it is the impression of this honourable member, that this is not the approach being taken by the government with this legislation, that it is not the kind of co-operative and negotiation-based health care system that we have built. Bill 94 is not a move that is going to bring people together in this province; it is a move that increasingly is going to drive people apart.

The current difficulties will probably be ameliorated with the passage of time, but I do not believe they will ever go away completely. I do not believe many people practising medicine in this province will ever again completely trust their government or completely wish to co-operate with certain other health care initiatives this government may want to take.

I do not believe the message the government is sending out in Bill 94 is one we want to see extended into other parts of our work force. I do not believe the government would want to bring in legislation tightening control, particularly on other noble professions. I do not believe any government of Ontario, to paraphrase the member for Humber, would want to conscript lawyers, pharmacists, advertising people, smelter workers and workers in farm-equipment manufacturing plants. I do not think any government of Ontario, made up of any one of our great parties, would want to do that.

This is a very clear message that has been put out to the physicians in this province and it is the wrong message. The message being put out by this government, which in all its newness could take such advantage of opportunities to bring people together, is the wrong one. It is a message of control, a message of regulation, a message of Big Brother.

I want to conclude by saying I think this government could have worked long, hard and co-operatively with the medical profession in this province towards reform on a co-operative basis. I believe it did not do so. I believe the approach it has taken is the wrong one and that many of the concerns we have raised about Bill 94—Lord only knows, I hope I am wrong—will come to be.

I believe the step this government will take tomorrow at one o'clock serves to weaken and not strengthen our health care system. I urge the government, even at this 11th hour, to think again. If it cannot withdraw the bill because of the political priority it has put on this legislation,

then I wish it could at least, perhaps even with unanimous consent, take another look at some of the amendments that were put forth; take one more look, however it can do it, at a negotiating process; take one more look at a mediation process; take one more look at trying to work it out together with the medical profession. Then the government would do a great thing for this province.

If it does not, I fear the consequences of what it will do tomorrow at one o'clock. I will stand quite proudly with my colleagues in voting against this bill.

Mr. Philip: I have a question of the member for Brantford (Mr. Gillies). He and several of his colleagues referred to the British system. He talked about how the system in Britain had developed into a two-class system, one part of which was a completely private and élite system, completely out of the medicare system, completely separate from any kind of government system. He said that somehow this bill would lead to that kind of thing.

Perhaps I have missed something in the Canada Health Act or something in this bill. Can the member tell me how, under either this bill or the Canada Health Act, one can possibly set up that kind of elitist system in this province? The legislation simply does not allow it, and I suggest the member should read the bill.

Mr. Ward: I was very interested in the comments of my friend from Brantford in regard to the British health care system. His comments were not particularly original. Those arguments were put repeatedly in the mid-1960s when the system of medicare was introduced in this country. It seemed to be a favourite tactic of Conservatives who did not support a publicly funded system of medicare for the people of this country to keep pointing to problems in the British National Health Service.

I, like him, was born in Britain. In fact, my father was employed as a professional health care worker there so I grew up with stories of the horrors of the British health care system. Perhaps the most fundamental difference between health care here and there is that in this province the government has supported a substantially better system of health care with substantially more funding. That is not on the basis of the whim of any party or any government; it is because the people of this province demand it.

I would like the member to answer this question specifically: How can we come to a two-tier system of health care similar to what is in Britain through the passage of this legislation

when this legislation prevents any physician from billing other than at the plan rate, whereas in Britain there is a national health care system at a plan rate and physicians who operate outside that system? Will he tell me how does this leads to a two-tier health care system?

Mr. Lupusella: The member for Brantford made reference to the title of the bill being misleading. I remind him that the phraseology used by the Conservatives in Ottawa about free trade is misleading the public. He also talked about the inflexibility of Bill 94 in relation to the NDP and the government. I remind him that the former administration was very inflexible in relation to Bill 179, the Inflation Restraint Act. While injured workers were picketing on the steps of the Legislature in winter over the bills related to the Workers' Compensation Board, the Conservative government was firm and inflexible in letting them down.

Considering that a mediator will not be appointed at this time, can the member at least recognize that part of the problem is the result of years of frustration on the part of the doctors that was caused by the previous administration?

Mr. Charlton: To continue the questioning that the member for Etobicoke (Mr. Philip) and the member for Wentworth North (Mr. Ward) started, it was either the member for Brantford or his leader who this afternoon very clearly documented in this House proposals that had been put by the OMA and the doctors of this province in opposition to the legislation we are debating tonight. The proposals talked about no extra billing for senior citizens and no extra billing for those on social assistance in Ontario. I ask the member who talked about the two-tier system of medicine in Britain how he can stand up and abhor that this evening while advocating it this afternoon, either himself or through his party leader, because that is exactly the road down which he is headed with the proposals set by the OMA.

11:50 p.m.

Hon. Mr. Sorbara: When I interjected with my friend the member for Brantford, suggesting that he could argue the other side very well, he admitted frankly that he is not a great fan of extra billing. What was of interest to me was his comment that he had a great fear. I hope he will acknowledge that the whole basis of the arguments of his party in this debate is one of fear.

I hope he will also at least acknowledge that historically in this country all of the great measures of reform, generally brought into parliaments by Liberal governments, have been

resisted with calls of fear. I could list many, but something as symbolic as the flag debate in Ottawa was resisted by cries of fear about what this would lead to. Indeed, the greatest measure in the past 50 years, our Charter of Rights and Freedoms, was resisted by his colleagues in Ottawa with questions of fear about what would happen. Historically we have seen that.

I challenge my friend the member for Brantford to set out what, in his view, will really be the consequences of this. He knows full well that, come one o'clock tomorrow afternoon, this province's health care system will be healthier, and thereafter it will be even healthier than it was prior to one o'clock tomorrow afternoon.

Hon. Mr. Wrye: Let me—

Mr. Speaker: Order. I am sorry. I was watching the clock and it was a little slow. There is no remaining time for any further comments. The member for Brantford has up to two minutes to respond.

Mr. Gillies: That was really unfortunate. Do members know how long the Minister of Labour has been waiting to ask me a question? Maybe another time.

In response to a couple of the points made, first to my friend the member for York North (Mr. Sorbara), I do not believe at all that our party has engaged in this debate by raising the spectre of fear. I may have used the words, "I fear the actions of this government," and Lord knows I do. But I do not fear them, and I do not think my colleagues fear them, nearly as much as do the thousands of people across this province who are going to be affected by the legislation.

If my honourable friend opposite thinks I am afraid, he should talk to some of the doctors who are up in the gallery. Then he will not see politicians who are afraid; he will see some people who are going to be affected by the actions of this government and they are afraid. My friend should not accuse me of fearmongering, because it is the actions of his government that are leading to fear in this province, not us.

My friend opposite referred to a record of reform by the Liberal Party. I strongly suggest he read a little history in Ontario. The Liberal Party in this province has been the agent of virtually no reform in the past 100 years. If he is talking about health care reform in this province, the Ontario health insurance plan was introduced by Mr. Frost and the Ontario medical services insurance plan was introduced by Mr. Robarts. To talk about a few other areas, the Human Rights Code was brought in by Conservatives and the Bill of Rights for Canada was brought in by Conserva-

tives. In most of those instances, Liberals had absolutely nothing to say about it. If anything, they were occasionally prodded by the NDP.

Mr. Philip: I would like an opportunity to say a few words on this bill. I find it interesting that the previous member, the member for Brantford (Mr. Gillies), was unable to answer the questions of three members about the doom-and-gloom picture he has painted that somehow we will develop the kind of two-tiered system Britain has developed, which has, of course, worsened under the Tory government with the cutbacks to hospitals and to the system.

The fact is that under our Canadian system under the Canada Health Act and under this bill, there is no way in which that kind of completely private system can develop here in Ontario. There is no way—under this bill, at least—in which any doctor who has opted out can charge above the OHIP rate. Thus, the suggestion the Tories have made over and over again that somehow one can create a carriage-trade kind of medicine in this province is simply not true—unless, of course, the Conservatives by any chance were ever to get back into power and implement that kind of laissez-faire system, which they seem to think is so workable in the United States.

I have heard a lot of gobbledegook that somehow allowing patients and doctors to discuss their fees can improve the doctor-patient relationship. The point is somehow made that there is a kind of bond, a human relationship, created by this ability of a patient to bare his financial soul, open wide his wallet and say:

"Forgive me, Doctor, for I have sinned. I have not in this society earned the kind of money that you earn and therefore I ask that you not charge this extra levy that you have decided you somehow deserve but that no one else has adjudicated.

"I am sorry, Doctor, for I have sinned. Somehow I am a worker who has been injured, and it is hard enough for me to pay the mortgage on my home, let alone pay extra bills to the doctor; therefore, I hope you will be understanding. I am not going to pay that extra \$300.

"I have sinned. I must come to you, therefore, and you will act as my confessor, as my banker, and you will decide, you who are so well trained in understanding finances, understanding banking and understanding my personal life and in understanding, of course, my style of life. You, at one time, were a working man. You know what it is like to be laid off, I am sure. I am sure

you came from that kind of family. You in your \$300 suit should be able to adjudicate this."

Somehow he should be grateful when the kindly doctor puts his hand on his head and says: "You are forgiven, my son. I am not going to charge you that \$10. I am not going to charge you that \$20."

There is a magnificent book written. Members who may be interested in theology should be sure to read the work of Harvey Cox, if they have not read it. Harvey Cox talks about the helping professions. He talks about the pendulum between the priestly role and the prophetic role. The prophetic role is helping the person to be independent, the asking of the questions, the working with the person. Of course, the priestly role is the doing of something to someone.

I had an interesting workshop a number of years ago in which I worked with some students who were soon to be chiropractors but, none the less, were in the helping profession. I said to them, "Look at that pendulum and ask yourself where would you most like to be on the pendulum. We assume that perhaps a psychiatrist working in the hospital might be somewhere in the prophetic role and somebody who may be doing quick emergency surgery might be further along the scale on the priestly role. Where would you most like to spend your time?" Invariably, all of these students said, "More towards the prophetic role, the helping role." I said to them, "Where does the billing system, even the present billing system, fit into it?" They had no answer.

Even our present billing system does not solve that problem. If we allow extra billing, we put in an extra barrier between the relationship of that doctor and his ability to concentrate on working with that individual, of helping him to be more independent.

12 midnight

If we look at the helping professions, the members of the Conservative Party and, indeed, the doctors say: "Let us be like all other professions. Lawyers are allowed to extra bill." In most cases, lawyers are not in the essential profession that doctors are. If we look at the really essential professions, perhaps education is one; literacy training certainly is. The right to know is an essential profession in a democratic society. The right to have protection, not to be mugged and killed or have one's money stolen means policing is certainly an essential profession. The ability to have someone come and help one if one's house is on fire so that one's kids do not get burned to death makes firefighting an

essential profession. All those over the years have at some point extra billed in some form.

If we look at the historical roles, not so long ago, only the rich could afford any kind of education, because people went through a billing system. If we go further back, the fire department came if a person had a fire in his house and the person paid to have the fire put out, unless it was a volunteer fire department; but these developed later. If one did not have the money, the firefighters might well stand around and say: "Too bad, Charlie. Nice blaze, is it not?" Going further back, if one really wanted to protect one's person and property, then one had to hire a personal army or develop some kind of clan system.

Society has developed beyond that. We have said education is a right. We have said we should not pay for it. Indeed, we are going one step further in a few days with Bill 30 in saying that to all or most students in Ontario.

Yet the Conservative Party and the medical profession are not willing to take that extra step. Do members not see that we have a historical progression based on need and based on the right? The moment we charge, we interfere with that right, the same way as those people did when they argued that if we did not charge to go to school, kids would not appreciate it or we would get an abuse of the system. That is what is happening.

If we want to carry the Conservatives' argument to a logical conclusion and if charging extra to the individual client somehow improves the relationship with the helper, then it would make sense to say other essential helpers should also be allowed to charge. Then people will appreciate the service they get and there will be a closer relationship.

One should go to any university professor I know—to my wife who teaches in the health sciences division of a college or any of her colleagues—or to people who are teaching in the medical faculties of the University of Toronto and say: "We want to improve your relationship with your clients. If you as a profession want to be really professional and if you do not like the salary that has been negotiated or the fee that has been negotiated with the university, the college or the College of Regents, then we think you should charge extra to any student who comes into your room because that will really create a bombshell. That will help the student-teacher relationship." That is the logical conclusion of the argument the Conservatives are making.

If it works for one helping profession, why would it not help all others? I see the member for Kitchener-Wilmot (Mr. Sweeney) nodding his head over there. Why should the social worker not charge a client a little bit more, using the reasoning: "They will really appreciate my work as a social worker. I will charge them a tiny bit every time I do something for them."

The argument is ludicrous. The reason is that the Conservatives and the OMA do not want to talk about the real issue, which concerns money. That is what it is. The issue is about money; it is also about power and the status that goes with it. I will not go through Maslow's hierarchy of needs entirely, but power and status are fairly close together.

Michael Wilson from Etobicoke, that great defender of the average man who is so popular with the senior citizens' associations across the province, did not get far when he stated that Canada needed more millionaires. The Conservative Party and the OMA understand that they cannot get very far with the economic argument. They cannot get very far with saying, "We want to keep our doctors in Ontario, so we have to let them extra bill or they will go south of the border." They know that does not hold. Research is against that.

We have heard a daily litany of the problems of the present system. We know there is a scarcity of hospital beds. We know that at Etobicoke General Hospital every day there are 50 people occupying active treatment beds when they should be in extended care, chronic care or other facilities where they could have more freedom and where they would not be occupying active treatment beds. The people who are arguing about the terrible system at present are the very people who underfunded and who put all their dollars into the same kinds of baskets. They did not look at the alternative programs and they created this problem in the first place.

The one thing the Conservative members cannot answer is how stopping extra billing will add one hospital bed to Etobicoke General, will add one chronic care bed anywhere in the west end of Metro where beds are so badly needed, will add one home care or support system or will add one dollar to improving the health care delivery system in Ontario.

Hon. Mr. Sorbara: On a point of order: I hate to interrupt my friend but I have just received a very important message from Peggy Sweeney, who is in the gallery and who points out that it is her father's birthday. I think we should take note of that as it is just after 12 o'clock.

Mr. Speaker: That is a very interesting point of information.

Mr. Philip: If I had the talent to sing the way I have at least some talent to play the violin, I would sing "Happy Birthday" to the member. Since I do not have a violin present, I will say "Happy birthday" to the member for Kitchener-Wilmot on behalf of all his children—whether there are one dozen or two dozen; they are so numerous I do not think I can count them all—on behalf of all the obstetricians who have probably extra billed him over the years for all those beautiful children and on behalf of all his family. All of us in the House think he is a fine fellow and we wish him many happy years, not in this Legislature but in this province.

12:10 a.m.

A few minutes ago I was talking about the historical development of the helping professions. I recall it vividly because I prepared some tapes dealing with this organization. We are paying \$200 to have them copied. In 1902, Albert Mansbridge understood the issue we are talking about. Bishop Gore as Archbishop of Canterbury understood what the issue was in his sermons, some of which I have read several times.

These people, in setting up and in looking at the educational system, said one cannot have second-class education. It is not good enough to have one kind of system for the poor or the working class and one kind of system for the wealthy. Education and health are intimately connected, because they are connected to the individual and his or her right to stand tall and to have the same quality and services that the rich and the carriage trade have. They had the slogan, "The best that Oxford can give." Indeed, in their early days, while they were talking about education, many of them also developed the basis for the thinking of such programs as adequate nutrition in the schools and other preventive types of health care.

Conservative members of the House have argued that more negotiations are needed. If negotiations were so easy to come by for people with differing views on health care, why is it that in the nine months in which the Progressive Conservative Party remained the government here while the Mulroney government was in Ottawa, it did not call for an independent mediator between it and the Mulroney government to get back the \$1 million per week we are losing in subsidy payments as a result of allowing extra billing? If negotiations were so easy, why was it not able to negotiate with its federal

counterparts so that we would at least have the \$50 million per year we are losing? Part of the motivation in this bill, in addition to the arguments I have made, is also the money we are losing.

If negotiations were so easy, why could the Conservatives not negotiate with the leader of their own party in Ottawa, the Prime Minister? They have not. We heard arguments in the House over and over again. "Why does the Premier not pick up the phone and call Brian Mulroney and negotiate so that we get our payments?" Where were they for nine months? The member for St. Andrew-St. Patrick (Mr. Grossman) obviously has a phone; he sent it across the House. Why did he not use that phone then to call his friend Brian Mulroney? We did not see him do it. In fact, there was not a whisper.

If we look at the arguments that are made over and over again, they are the same trite arguments that were made when T. C. Douglas introduced the idea of medicare in Saskatchewan so many years ago. To use the words of the member for Brantford, we hear that there is a draconian, totalitarian system being dropped on. Those same words were used then. They were even more inflammatory, if one reads the history of what happened in Saskatchewan at the time medicare came in.

I thought it would be useful to look at what the founder of medicare in Canada had to say about the differences between a totalitarian type of system and a social democratic system, because essentially what we are dealing with in the bill is a social democratic program. Some years before he had an opportunity to introduce medicare, in 1944, he said there were four points of difference between a totalitarian system—and he used the term "communist system," but we know he was talking about totalitarianism of either the right or the left—and the Co-operative Commonwealth Federation or the social democratic philosophy, as we would call it.

First, we believe in a parliamentary government. Second, we oppose any type of one-party government. There must always be a place for opposition parties and free opportunity for any group to form a political party. The third difference is that the end does not justify the means, and the means are tremendously important because they shape the ends. Using illegal or inhuman means to attain an end would result in finding that the end was not what it was initially attempted to achieve. The final distinction was that as democratic socialists, and particularly as Christian socialists, we do not believe in a

materialistic interpretation of life. Physical wellbeing and material gain are not ends in themselves but simply a means to an end.

If you look at this bill, it essentially falls under the four qualifications of the difference between a democratic socialist policy—a social democratic policy, if you prefer those words—and a totalitarian policy.

It is being dealt with in parliament by elected people. There has been adequate debate. It is not being imposed on anyone in a unilateral way. There is more than one party here expressing different points of view. Essentially, it deals not only with a material problem but with a spiritual one.

When a senior citizen in my riding has to say to me, "I am afraid to talk to my doctor about my retarded son, and about the fees he is charging to operate on him, because the next time he may take less interest in me," you are dealing not just with a physical problem but with a spiritual problem. That is what this bill is all about.

Eliminating a few of these problems, for example, saying that seniors will not have to be extra billed, does not remove the basic cancer that exists. It is a cancer which says that one person has to be subservient and come genuflecting and bowing before the golden calf that Harvey Cox would talk about, saying, "Forgive me, Doctor, but I do not have the money." That is a spiritual problem; it is not just a physical problem.

My father worked all the way through the Depression and lost a major business. In 1944, my brother was born with a blockage in the oesophagus. In those days there was no hospital care—at least, not in Quebec. There was very little assistance, unless you wanted to go pleading into the charity wards.

We never owned a home; we always rented. When a social worker came and said to my father, "You spent thousands of dollars"—and in those days, thousands of dollars was an awful lot of money; you could buy a brand-new car for a lot less than my father paid for the numerous hospital visits, doctors' visits and operations that my brother had—and when she said to my father, "I can get you some assistance so that you do not have to pay the remaining hospital bills," he said: "I am going to pay my way the same as anyone else. I am not taking charity."

That is the same pride we all have. It is basically a spiritual problem we are facing. One man should not have to genuflect at the altar of another man, pleading that somehow his wallet is empty and he has to have some kind of special

service, that he has to be treated differently from other men.

12:20 a.m.

If one looks at the claims and arguments the doctors have made, one can see that, even on a factual basis, they do not stand up; even if we accept that it is not important from a spiritual point of view to tell people that they should not have to genuflect to the doctor and say, "I cannot afford to pay," and even if one says that people should bury their pride, go ahead and do it. Research shows, and every research study being done in the city of Toronto has shown this in recent years, that if we look at the people who are below the poverty line, large percentages of those people, in any given year, have been extra billed and have paid those extra bills.

One can have the most benevolent doctors. One can have the most caring doctors. One can have the best advertising scheme in the world saying one does not have to pay if one is on welfare or is a workers' compensation victim. However, we all know that they do pay. All the research has shown that. The OMA argues that extra billing is not a barrier to getting access. However, the research has shown that it is.

Doctors argue that there should be some reward system for the exceptional and experienced doctors. Yet every research project we know of shows there is no relationship between either experience or expertise and extra billing. I know of certain doctors who are outstanding specialists in their fields—presidents of the associations in their specialties—who refuse to extra bill and who have never extra billed. Yet I can find some young guy out of medical school, who extra bills because he operates in the city of Toronto, can get away with it and wants to be richer earlier, or for whatever reason.

We have said, and to the credit of the government it has said to the OMA, that if certain specialties are not being paid adequately, we will negotiate that. We will look at that. We are willing to do that. I do not believe that a talented heart specialist, who has worked for eight hours on a patient, should have to feel that for some kind of economic reasons he has to operate again the next day. That is absolutely foolish. Nor do I want a pilot, who has been up in the air 12 hours, to feel suddenly he has to do the return trip. That is absolutely absurd. Those things are negotiable. One does not have to extra bill to be adequately compensated. That is the position we have taken. That is the position the government has taken. To say somehow that extra billing will solve that problem is simply not true.

The OMA has tried to scare patients by telling them that if doctors are not allowed to extra bill, there will be assembly-line medicine. The fact is, every study has shown there is no basis for the argument that a doctor who extra bills spends more time with the patients than one who does not. Any research that has been done shows there is absolutely no correlation whatsoever.

A recent advertisement by the OMA points out that there is a long list of patients waiting for access to hospital beds. Ontario is currently losing \$50 million a year. The delays and the filibuster of the Conservatives have added weeks and weeks to this, at \$1 million a week. Some of that money could be used for the type of services that the doctors are complaining about in their expensive ads.

The underlying whisper campaign one hears is that somehow if one lets the poor, or the ordinary people, go without extra billing there will be abuse of the system. Suddenly the people will run to doctors over and over again, even though they do not need to. If one uses that kind of logic, then I guess priests should charge extra, or charge an extra bill, every time someone goes to confession. It would stop the abuse of the system, would it not? It is an absolutely illogical argument.

The fact is that it is not the patients, but rather the doctors, who decide whether a particular medical procedure is to be carried out in a hospital, whether lab tests are to be done and whether X-rays and referrals to specialists are to be done. It is not the patient, but the doctor, who decides that. There is nothing in this bill that changes it in any way.

The actions of the doctors, who are members of the highest-paid helping profession in this province, have created a scare, with the help of the Conservatives. A constituent came into my office early the other morning when I was there working. She happened to be in the building and took the chance that I might be in. She was on the verge of tears. She said, "Please do not vote for Bill 94." I asked why and she said, "This doctor has made me walk again." Those were the words she used. What she meant was that he had helped her to walk again. She said, "He tells me he will go off to the United States if Bill 94 is implemented."

I recall the kind of scare tactics that were faced in Saskatchewan at the time Douglas and the Co-operative Commonwealth Federation introduced medicare in the first place. I said: "You tell that doctor that maybe he will have the same kind of experience that some of those Saskatchewan

doctors had when they went to the United States. They were very quickly back in Saskatchewan or back in Canada, because the American system, with all its free enterprise, is not such a great place to live or to practise professionally."

I have been to the US, and I have seen what the free enterprise system of medicine does down there. Allowing extra billing, allowing the thin edge of the wedge into that system, allowing the privatization of health care, as the Conservatives started here in Ontario before we got rid of those rascals from government, is very expensive. If one looks at the percentage of the gross national product that is spent on medicine in the US, it is very expensive compared to what we spend here. If one looks at the kinds of service they have in comparison, the contrast is even greater.

While the Conservatives argue that the present system is accessible, I ask members what kind of accessibility a person in my riding has who suddenly gets hit by a car or has an accident and goes to the Etobicoke General Hospital. Does one argue with the anaesthetist when one is in pain and ask, "Are you going to extra bill me?" All the anaesthetists at Etobicoke General Hospital extra bill. Not one is not extra billing. If one is in pain and on the operating table, one is not going to negotiate with the doctor and say: "No, Doctor. Instead of my taking your treatment, I will send somebody out for a couple of bottles of gin because, after all, that will cost only \$20 and you are going to charge me \$300 in extra billing for the anaesthesia." It is an absurd situation.

If one looks at specialists, one is not going to say, "No, I am going to have the taxi driver deliver my baby because, after all, he will not extra bill, or he will give me a better deal than the gynaecologist will," particularly if he happens to be the only one in town.

12:30 a.m.

The Conservatives ask for a delay in the bill. Less than a month ago, Dr. Moran said, "We are prepared to meet until the cows come home." Every time we meet, the more they meet, the more we meet; the clock is ticking; it costs an extra \$1 million, and more and more people are being extra billed. It is in the interests of the medical profession. If I were in their shoes and had the kind of objectives they have, I would be willing to talk for the next five years.

The Conservatives are allowing themselves to play into that kind of manipulative hand. They are allowing the OMA to act as their ventriloquist. When any group gets so much in the

control of one other vested interest group, then it is a very sad day indeed.

Let the Conservatives go home and tell the patients, those people who are receiving bills for \$10, \$20, \$50, \$100, \$200 or \$300, that at this very moment they want to delay this bill even longer so the patients can have an opportunity to be extra billed some more. Let them go home and tell their constituents that, and they will see how popular their position is.

Every week is an extra week that is costing the taxpayers of Ontario more. Every week is costing the people of Ontario a greater loss of dignity. Many years ago, Tommy Douglas said, "The basis of a democratic government is that the law applies to all, whether rich or poor, high or low, and especially to those who are pledged to enforce the law."

The doctors are in that kind of privileged position. As we pass this bill tomorrow, I trust that they will behave in the kind of law-abiding manner that is becoming of a professional and that they will react to their patients in the professional manner one has come to expect of them over the years but about which one has been somewhat disillusioned over the past two weeks.

Mr. Bernier: I listened to the honourable member for considerable time, and I heard him constantly make reference to the figure of \$50 million and to the \$1 million per week that is being withheld by the federal government. Can he tell us exactly where that figure came from? Is there any factual or audited information that it is \$50 million? Or is it just something he pulled out of the air because he has heard everybody else speak about it?

Mr. Breaugh: I am sure the previous speaker knows full well that is the estimate used by the Ministry of Health in Ontario. The number was produced for Ontario by the federal government under the Canada Health Act. Unless this bill is carried within the first three-year period, we will lose slightly in excess of \$50 million per year in revenue for Ontario.

That estimate is said by some to be a little on the low side. It is a number that is said by some to be insignificant. Where I come from, \$50 million is a lot of money. Over a three-year period, a total of \$150 million or more that would be lost to the Treasury of Ontario is something I believe to be significant and something we have to be concerned about.

More than that, though, the institution of a health care act across the country brings into play some measure of conformity for the provision of Canadian medicine. That is a reasonable thing to

do, and that is the basis upon which there was a three-party consensus formed in the Parliament of Canada. I dare to say that even if the member's party had managed to hold on to power, it would begin to think a bit about numbers of that size. That is a large amount of money.

It should not be lost on all the members here that this legislation simply brings us in conformity with federal legislation. It removes the penalty clauses that would apply to Ontario. If on no other grounds than that economic impact on Ontario, it is important and wise that members heed that advice and allow Ontario to conform, as seven other provinces have already done.

Mr. Harris: I want to comment on the \$50 million as well. Something has bothered me about the figure that has been thrown around so loosely; it may be a moot point. I have heard figures as low as \$25 million; that is not an insignificant figure either. However, let us say it is \$25 million. If the offer of the OMA had been accepted as to all the people it had offered not to extra bill, including the accessibility, most estimates are that would cut it to less than half.

Now we are down to about \$10 million. That is still a significant figure, and it is important to the Treasurer, but what does it mean to the taxpayers of Ontario whom we represent? The taxpayers pay about 40 per cent of the federal tax bill. If the federal government kept \$10 million, that is \$10 million it does not have to raise, of which we pay 40 per cent. Now we are down to about \$6 million.

When I talk to taxpayers about their taxes and federal-provincial sharing and co-operation, most of them say: "The federal government and the provincial government grab our money and then they transfer it back and forth. What difference does it make?"

Hon. Mr. Bradley: They will spend it on something else.

Mr. Harris: That used to be the case with the federal government, but it is not the case now that there is some sensible control of the federal government's spending. It does not take long to get the figure down to \$5 million or \$6 million. I agree that is significant, but it is a long way from \$50 million.

Mr. Ward: On the last point, the amount that is withheld in federal transfer payments is not a hypothetical amount; it is a fixed amount. It is \$53 million a year. It is based on estimates that some people may dispute, but that is the amount of money withheld.

Mr. Bernier: If it is an estimate—

Mr. Ward: The member for Kenora (Mr. Bernier) knows that as well as I do, and so does the member for Nipissing (Mr. Harris). With respect to the proposals put forward by the OMA in relation to how much that would cut the amounts withheld, by the ministry's estimates the OMA proposal would eliminate only approximately 30 per cent of the extra billing that goes on. It is estimated that \$40 million a year would still be withheld.

Mr. Swart: I want to comment on this briefly, especially as the Conservatives indicated it is not a figure of \$50 million. The total figure is at least \$100 million, because we are talking about not only the \$50 million that is lost in transfer payments from the federal government but also about \$50 million extra that the public of this province has to pay in extra billing until it is banned.

Let us make no mistake about it. The total figure, the cost to the people of this province through extra billing and the loss of transfer payments, is in excess of \$100 million annually. There is no other figure that is correct. Even if the member were to try to prove that his figure of \$25 million on lost transfer payments was right—it is not; it is more than double that, as has just been pointed out—the total loss to the people of this province is more than \$100 million annually.

12:40 a.m.

Mr. Sterling: If the Treasurer (Mr. Nixon) is so worried about the \$50 million, all he has to do is add about seven cents to the price of a pack of cigarettes and he would make it up just like that. It would save a lot of health problems because it has been proved that the consumption of tobacco is reduced as soon as taxes are raised. On the one hand, a lot of health care problems are saved; and on the other, the \$50 million is raised, just like that.

Mr. Philip: I found it interesting that the previous speaker's solution to the problem of our losing \$100 million a year for the taxpayers both by extra billing and by the \$50 million in transfer payments was to raise taxes even more. I find that to be typical of the solutions he might well come up with.

I am pleased that so many members decided they wanted to answer my question, but when Mrs. Scrivener came before a committee of the Legislature on which both the Minister of Education (Mr. Conway) and I were serving—and he will find this particularly interesting—she was the first one to be so incensed at the amount of transfer payments that were being lost as a result of Monique Bégin's policy.

Then we had nine months of Conservative Party rule under a Conservative government in Ottawa and the figures were still there. We did not see the Leader of the Opposition pick up one of those portable phones to call Brian Mulroney and say: "Hey, Brian, we are losing \$50 million. Why do we not have an independent negotiator?"

Why could the Leader of the Opposition not pick up the phone and say the Conservatives

wanted an independent negotiator because Margaret Scrivener does not think it is a good idea to lose this \$50 million? But he did not listen to Margaret. He did not listen to anybody. He is still not listening. He will not even pick up that phone. Where is he tonight? We have to call him by phone to find out whether he is in favour of extra billing.

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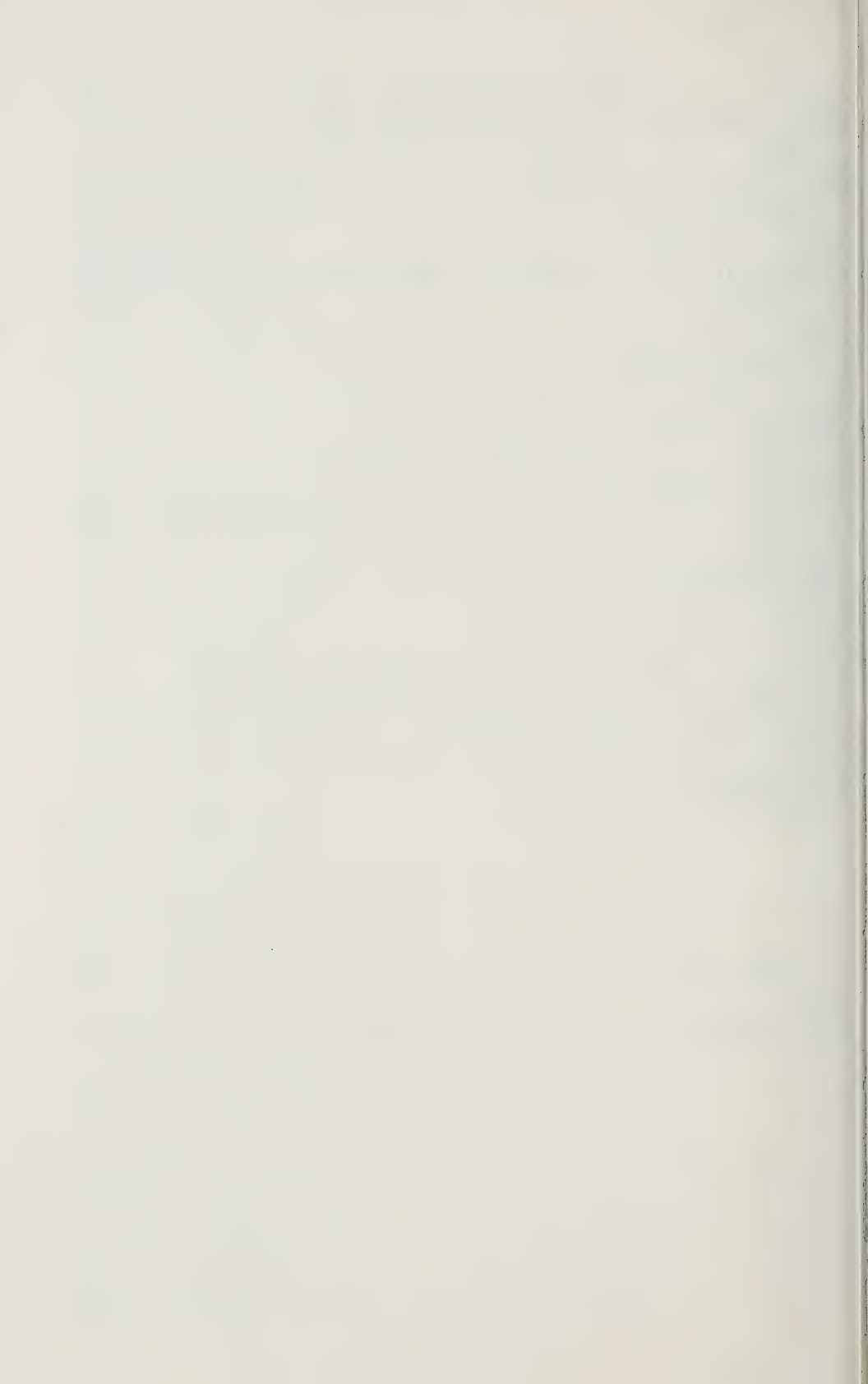
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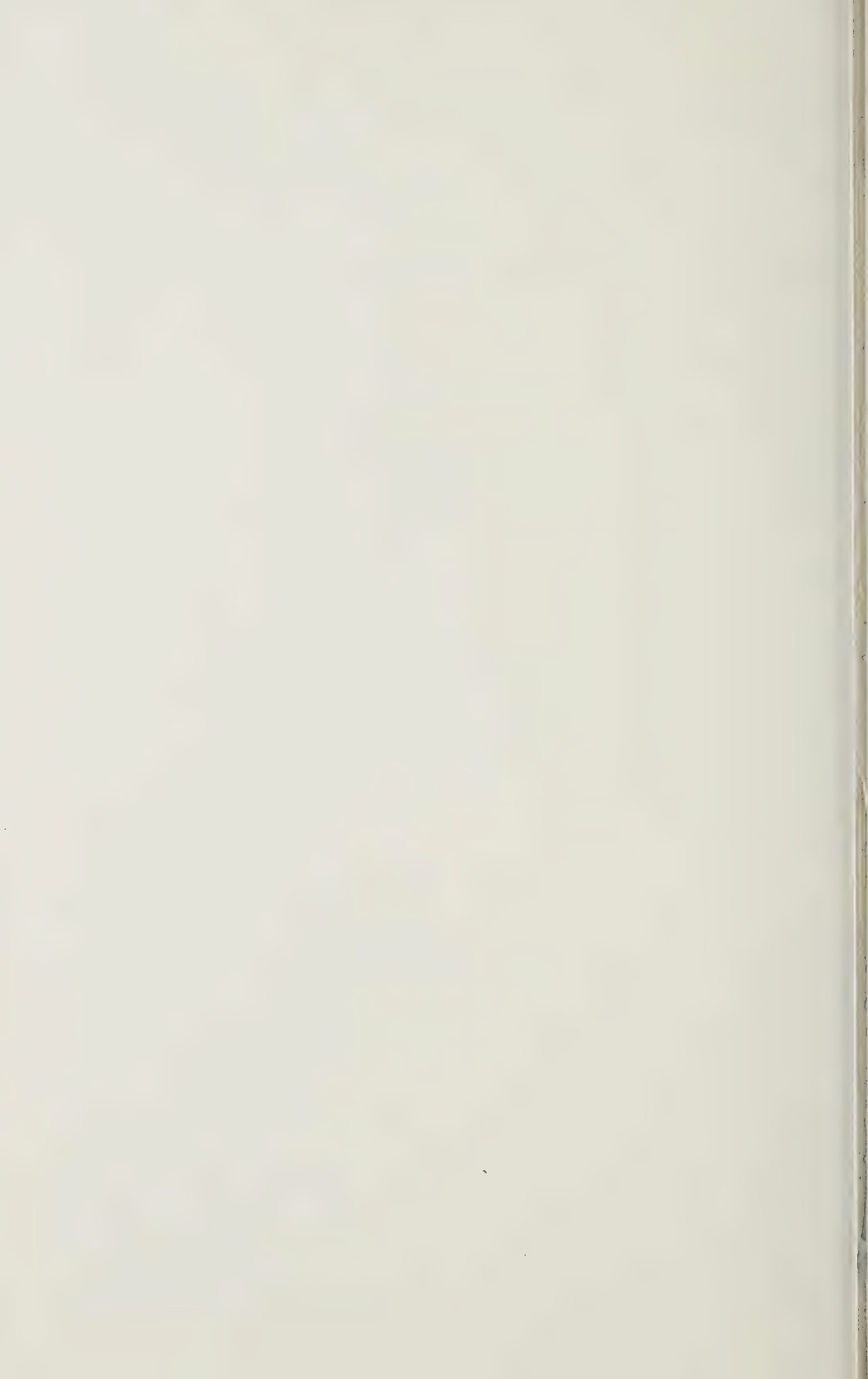
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No. 36

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Legislative Assembly of Ontario

Second Session, 33rd Parliament
Friday, June 20, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Friday, June 20, 1986

12:43 a.m.

HEALTH CARE ACCESSIBILITY ACT (continued from No. 35)

Debate on the motion for third reading of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services that are Insured Services under the Health Insurance Act.

Hon. Ms. Munro: With all the energy on this side, I want to speak to the question. On December 19, 1985, the Minister of Health (Mr. Elston) introduced the Health Care Accessibility Act, which will prohibit all physicians, including those who are opted out of the Ontario health insurance plan and who bill their patients directly, from charging more than OHIP rates.

What do we mean by "accessibility"? We mean accessibility of patients to a health care system which is not differentiated based on socioeconomic status. Extra billing jeopardizes accessibility. It introduces the danger of a two-tiered system based on two sets of rules. The Canada Health Act, the national legislation, guides the actions and programs of provincial governments. Its basic tenets are accessibility, affordability and portability. Extra billing denies patients these fundamental rights.

Individual doctors are aware of this. The values of caring are uppermost in most of their minds and yet they are faced with conflict presented to them by a group said to represent them. The Ontario Medical Association, as a professionally organized group, has become bigger than the membership and with a louder voice than the people it purports to serve. Professions should reflect the values and rules of their memberships. When professionalism becomes a power unto itself, it needs to be evaluated. The public, patients and doctors are right now evaluating the principles and philosophy of health care.

Some doctors are in a dilemma; some are in conflict. We are seeing the paradox of individual ethics versus professionalism. The health care professions are in conflict. The public, however, is caught in a bad position; the patient is in danger of losing access. We have a compassionate minister; a minister who has met with doctors and

with the OMA and who has negotiated in good faith. Through a process of 11 formal bargaining sessions, the government made fair process to the doctors to address their concerns but would not put extra billing on the table. Throughout all those good bargaining sessions, no negotiated settlement was reached.

Actions by striking doctors will not force this government to withdraw the bill. We have gone through a lot of debate. The bill was introduced in December, debated in the Legislature and went before the standing committee on social development. The government is listening; we are open to consultation. People spoke to us about the issue before the election. We are now here in government and we are speaking for the people who asked us to speak.

The bill has received support from affiliated nursing organizations, labour, business and women's concerns. Doctors are not the only ones who care about the health of people; we in government do as well. I would also like to draw the attention of the House to the fact that three other provinces have banned extra billing.

We faced well into the myths and the people are behind us. We now know that extra billing will not improve access to health care but that our bill will cement the doctor-patient relationship and not deteriorate it.

Our minister has gone on record as showing the people of Ontario that he cares about shoring up and improving our health care system. We have entered into a review of the health professions. We have introduced assistive devices programs. We have put money into research and development of hospitals. We have taken a look at the function of district health councils and have listened to them. We have looked at drug pricing. We have looked at the needs and care of seniors. We have looked, through the Ministry of Colleges and Universities, at what geriatric schools are all about. We have taken a good, hard look at the need for cancer research. We can go on and on. We are the social conscience of health care.

[Applause]

Hon. Ms. Munro: Thank you. At least I know you are awake.

We have continued to negotiate with groups right across this province. It has been clear to us that accessibility and affordability of health care are paramount in the minds of most people. The major difference between what the two sides of this House are talking about is what really constitutes the health care system. The Tories seem to be saying that doctors are the health care system. That is simply not true.

The excellent health care system in this province is composed of nurses, cleaners, ward clerks, receptionists, nursing assistants, paramedics and many others. They are not striking. They are not trying to bring health care to an unhealthy stop.

At a town meeting I held in Hamilton last night—or two nights ago, now—I was expecting that there would be a real debate about this current problem. I had expected to be faced with doctors protesting or at least with representatives of the doctors. Of the 50 or so people there, there turned out to be two who supported the doctors and neither of them was talking about the end to extra billing. Rather, they talked about the process to end extra billing. It was not the end they were debating, but the means to the end.

I sometimes get the feeling from my colleagues opposite that they are not against the action of this government but against the way this government is acting. I challenge them to come up with a better way to bring health care back to the control of those who are really important: the people. I challenge them to recognize the reality of today's world, the reality of Canadian law and the predominance of Canadian government. I challenge them to end extra billing more equitably.

I do not mean to solve the problem in any other way, such as by negotiating in some form acceptable to the doctors rather than ending extra billing. That is not what the people of Ontario want. I do not mean to solve it by bowing to hardliners within the OMA but by ending extra billing, by not making patients face additional fees when they need treatment.

I have not heard a single reasonable argument from my colleagues opposite. I have heard lots of rhetoric, a good deal of issue-dodging and some rather obviously self-serving statements, but I have not heard an argument for a better way to end extra billing than that proposed in this bill.

12:50 a.m.

This issue is not about doctors' rights; it is about patients' rights. I hear the doctors say that it is not about money but about freedoms. Let me paraphrase one of the people at the town meeting

I mentioned earlier. He asked what rights the doctors were giving up. He said that no one was telling them what hours they had to work, when to take a vacation or a day off, when to accept or reject a patient, how hard they can work or how much money they can make. He ended up by asking exactly what rights they are losing. I ask the same question.

I am not here to beat up on doctors or to do damage to the health care system. I am here to make sure no one beats up on patients or does damage to the openness and accessibility of the health care system. The entire province is being hurt by this issue.

Let me cite one example close to me. One member of my staff has just been informed that she has cataracts in both eyes. Her ophthalmologist made an appointment for her with another specialist and asked that she have some blood work done before that appointment. Her doctor and her husband's doctor are not working. Luckily, she has the resources of the health care system within Queen's Park available to her. But what about those who do not have this sort of resource available?

This is a just and reasonable bill. It proposes a just and reasonable end to what I consider an unjust and inequitable ability to bill patients beyond the OHIP benefit package. That package was worked out by previous governments and the medical profession. New packages will be worked out between new governments and new representatives of the medical profession.

The Tory party is arguing for the precious right of the doctor to charge what he wants. I am arguing for the precious right of the patient to have accessibility to health care without having to worry about a doctor charging more than the patient can afford to pay.

I will be supporting this bill tomorrow afternoon or whenever the party opposite finally allows the majority of the members in this House to vote for the bill. I am not voting against doctors; I want to make that perfectly clear. I will be voting in favour of patients. I believe that is all we are talking about here this evening. When we finally vote, the Tories, in their own minds, will be voting for the rights of doctors. We will be voting for the rights of the patients and for the protection of our health care system.

Mr. Ashe: I rise to speak in this debate because I abhor this piece of legislation known as Bill 94. I feel frustrated and hurt about this legislation. Imagine how the doctors, the profession being directly attacked by Bill 94, feel. Imagine a profession, a group of people whose

personal feelings are so much the opposite of what they have had to show in the past few days. Their upbringing, their education and even their oath are so foreign to what they have come to in the past number of days that they do not know what to do. As professionals, they are concerned about the future of the best health care system in the world here in Ontario.

We have a government that in the past let on it was one of the parties of the free enterprise system, a party of the people and a party of open government. Yet they come forward with this draconian, socialist legislation. That is what it is. It is down the path to socialism. The people to our left just put their hands together in glee because they have a few more cohorts to go down that path of destruction with them.

I find it unbelievable when I look, for example, in today's *Globe and Mail*, the Friday edition of the *Globe and Mail*, and see a few of the things that have happened and are going to happen. The Premier (Mr. Peterson) happened to be down in Ottawa.

Mr. Callahan: What happened?

Mr. Ashe: Some time on Thursday afternoon or whatever—it must have been something to do with that—he went down with all confidence that once he got away from Toronto there would be no militancy in the medical profession. They would not even know about it. Those things are unique to downtown Toronto and the greater metropolitan region. That is not the case.

Let me quote a few of the things the doctors have been forced to. Imagine "Screaming Doctors Surround Peterson at Ottawa Hospital." That is foreign to a doctor. That is foreign to his or her whole character. But they have been forced through frustration to get to that.

Imagine. "'You're wrong, David Peterson, you're dead wrong,' one doctor shouted, standing nose-to-nose with the Premier. 'You're a tyrant, a gutless tyrant.'"

Mr. Epp: You have not heard your colleagues yet.

Mr. Ashe: We would never refer to one of our colleagues as that. I only quote that, Mr. Speaker, as I am sure you appreciate. I might call him a tyrant but I would not use the other word. I would not go that far.

Hon. Mr. Bradley: I heard "pigheaded" today.

Mr. Ashe: That is probably a good word too.

Mr. Stevenson: We are trying to think of the nicest things we can think of but it is difficult.

Mr. Ashe: Dr. Charles Shaver, the president of the Ottawa Academy of Medicine, was saying, "I feel the doctors have just been sledgehammered." Dr. Railton, the Ontario Medical Association president, "has already said the doctors will not end their strike just because the bill to ban extra billing is pursued." But the Minister of Health (Mr. Elston) "said yesterday that he does not believe the government will have to introduce back-to-work legislation and that passage of the law will 'help end the stress on the system.'"

The stresses on the system are there but they have been caused exclusively by this government, supported by the little group on our left that has the indicated support—at least it did in May of last year—of 24 per cent of the population of Ontario. It is slipping quickly.

"Dr. Shaver said that if Mr. Peterson thinks doctors will call off the strike after the bill is passed, he and his government are dead wrong.

"'He's sadly mistaken,' confirmed Dr. John Kindle, a general practitioner at the Riverside Hospital," which is also in Ottawa. "The unity of this profession is so solid that the doctors won't return to work."

I think the Premier is getting a little edgy. Members heard me a few moments ago say what the Minister of Health is saying, that once the bill is passed it will "help end the stress on the system." But the Premier this afternoon "conceded that he was not confident that the strike would end with enactment of the legislation." Perhaps they should confer a little more often. I am speaking about the minister and the Premier.

Mr. Ward: The editorial is on page 6.

Mr. Reycraft: Turn to the editorial; page 6.

Mr. Callahan: Read the good stuff.

Mr. Ashe: That is all right. We will get to some others as well in the paper.

Mr. Callahan: Read to us from the *Toronto Sun*. That will be all bad.

Mr. Ashe: No, I happen to be going to page 13. To date, pretty well all the job action in the hospital context has been in nonteaching hospitals. What have we got now? What is the headline on "Doctors' Strike—Day 9"? Mount Sinai, a very well respected and highly respected teaching hospital, associated of course with the University of Toronto—and let me again point out something—

An hon. member: On a point of order, Mr. Speaker: The honourable member is reading a speech and I know that is an infraction of the rules.

Mr. O'Connor: You are not in your right seat.

Mr. Gillies: On a point of order, Mr. Speaker: The Attorney General (Mr. Scott) was clearly out of order with his interjection as he was not sitting in his seat, which is an infraction of the rules and customs of the House. The Attorney General was clearly out of order.

The Acting Speaker (Mr. Morin): I agree.

An hon. member: No, he is supposed to stand. I thought all members were supposed to stand, not sit in their seats.

Mr. Ward: On a point of order, Mr. Speaker: It is my understanding that all interjections are out of order. Is that not correct?

The Acting Speaker: Yes.

Mr. Ward: Then what difference does it make if one is in one's seat?

1 a.m.

Mr. Ashe: The impression is given by some of the members—I think it is believed particularly by some of the members to the left when they put it out; I do not honestly think it is believed by many of the government members when they are forced to put it out—that all doctors who extra bill, or all specialists, charge the system as much as it can handle.

Let me get back again to Mount Sinai, which is a highly respected teaching hospital. "Because the majority of doctors in U of T teaching hospitals volunteer their teaching services, Dr. Lowy said the university is powerless if doctors decide to withdraw those services.

"Dr. Jack Brandes, a psychiatrist at Mount Sinai, said that the doctors at the hospital feel no dedication to a university that is 'in the back pocket of the government.' He said that some doctors are paid as little as \$108 a year to teach at U of T."

This is the major point: "If doctors are faced with sitting back while the entire medical system is being ruined, they will tell the dean and the assistant deans sitting in their ivory towers to take a flying hike."

It is hard to believe that a profession that is so well regarded and so professional can get to the kind of frustrating situation where they have to resort to this kind of change in ideology and this kind of verbiage. It is unbelievable, but it is happening.

Earlier today we heard the leader of the third party refer to a medical situation out in Durham. I have the honour to represent part of that region. Something in the order of one per cent of the

doctors who practise in Durham region are opted out, which means—

Interjections.

The Acting Speaker: Please ignore the interjections.

Mr. Ashe: It happens to be a grand total of two, and I am guesstimating that we probably have something in the order of 200 doctors out there. I do not know if that is accurate. I am sure there are at least 200. We have an area where, if we go by some of the rhetoric that has been put out, it is only these doctors who are concerned about putting more dollars into their pockets and taking them out of everyone else's pockets. One per cent of the doctors in Durham extra bill; they are uptight. They are not uptight about their pocketbooks because it does not mean a thing. They are concerned about the health care system in Ontario. They are concerned about the health care system in Durham. That is why they are extremely upset.

This morning doctors were speaking to people boarding the GO trains. They were giving literature to people getting on the GO train at Pickering. That is hard to believe but it is fact. We have all done that—that is among the duties of a politician—at certain times in our careers when we call elections, but doctors should not have to do it if they had any kind of communication with the government that supposedly reports back to the people, that supposedly represents the people. It has let a situation that it perceived by its polling to be 80 to 90 per cent in its favour, back when it flip-flopped its position two years ago, slide to a minority position. Even at this time, unfortunately, an awful lot of people do not really understand the issue. They have let it slip, through mismanagement, down to the situation we are now in.

The leader of the third party again made reference to Dr. Atkinson out in Durham. I might quote further reference by that doctor, who happens to be the president of the OMA in Durham region. She is a highly respected medical doctor who operates in the town of Ajax, within my constituency.

"Dr. Atkinson added yesterday in an interview that the Durham Medical Society had presented and passed a resolution that if Bill 94 is passed by the Legislature, 'we would withdraw all services.'"

I know this doctor. She is a very responsible doctor, but she and her colleagues are so frustrated, not about their own concerns but about how people can come forth with the diatribe that they have and create a situation that

was not needed. There was a small problem, and they used a cannon to kill a fly. That is what Bill 94 is. The socialists have led the government down the path by the tail.

Mr. Foulds: Is the member calling the OMA a fly? Is he insulting the OMA? Shame on him.

The Acting Speaker: Order.

Mr. Ashe: The member would not know the difference anyway.

The whole presumption of Bill 94, and even going back to the well-conceived but poorly legislated Canada Health Act—and I blame all political parties for that; so I say it in a nonpolitical sense. I would think we would agree that legislation drafted in haste is sometimes not the best legislation. We have all been party to that. Governments yesterday, today and tomorrow will introduce legislation that requires amendment. Sometimes they are able to amend it before it is passed and sometimes it is done afterward.

A few pieces come to mind that probably were passed in haste, which we now regret and where we see changes that should be made. Obviously, the Canada Health Act falls into that category, as does the Young Offenders Act and the spills bill. I could go on with examples of well-conceived and good-intentioned legislation that required change.

The presumption is that by banning the relationship of a patient with his doctor one makes the system more accessible. The presumption is that in the long run the quality of the health care system is raised and the cost of the system is lowered. The results of Bill 94 will be exactly the opposite. The system will ultimately become less accessible to many qualified doctors.

Members might ask how that can be. It is because the doctors will not be here. We have already seen them leaving. We have heard today and read in the paper that the head of one of the medical departments in a major hospital has said: "That is enough. I am leaving this socialist-line state now led by the so-called Liberal government." The costs will go up and the quality and accessibility will go down. The perceived results of Bill 94 will be exactly the opposite to what they were supposed to be.

Mr. Foulds: The member could speak all night on what he does not know.

Mr. Ashe: I certainly can speak all night on what the member for Port Arthur does not know. There is no doubt about that. That would be very easy. As a matter of fact, we could carry on a filibuster to the end of the summer.

The Acting Speaker: Order. Please address your remarks to the chair and ignore the interjections.

Mr. Ashe: Anyone who has had occasion recently to go into most doctors' offices will have seen a sign that is very appropriate. I did not write down the exact words, so I paraphrase. Some of my words may be slightly different, but the idea is the same.

Mr. Foulds: What is wrong? Can the member not write?

Mr. Ashe: I did not write it down. I have other things to do.

Basically, it is asking whether people want the organization that runs the post office to run the health care system. Members should think about the organization that runs the efficient post office running the medical system. In that case, I sure would not want to be lying—

Mr. Eves: "If you like the post office, you'll love government health services."

Mr. Ashe: That is exactly it. If they like the post office, they will sure like the government running the health care system.

In closing—I did not intend to be this long—

Mr. Foulds: Hear, hear.

Mr. Ashe: We know they are alive over there from time to time, and that is a step in the right direction. Sometimes I wonder, with their philosophy, whether they are alive or whether they are in a different century.

1:10 a.m.

I want to give members one other example of frustration. In this case, it is not a personal frustration of mine. It is not about a doctor or anybody working in the health care system. I had a legitimate call today, among one of many but this one frankly rather touched me. It was from a female constituent in my riding who phoned and indicated—I was not in the office—that she wanted to hear from me urgently.

Upon returning from the Legislature this afternoon, I called her back. This is a concerned citizen of Canada, a concerned citizen of Ontario and a concerned citizen who happens to live in the constituency of Durham West. She is not associated directly or indirectly with the medical profession. She is so personally frustrated and hurt by the implications of Bill 94 and the future, as she sees it, that she is threatening to leave the province.

Can members imagine anybody feeling that badly about the impending disaster being imposed upon a province and a great system by an

uncaring, unfeeling government? That is exactly what is happening in Bill 94.

Interjections.

The Acting Speaker: Order.

Mr. Ashe: The last thing that leaves us all a little concerned is that numerous times over the past few weeks, and particularly over the past week, we have heard a series of questions over and over about why the Premier did not appoint a mediator. We know what his non-answer was all the time; that is not really my point right now.

My point is that if the government and Premier felt so secure about their position on Bill 94 and so confident they were doing the right thing, why would they be so concerned about having a mediator, a third party, someone remote from both systems, to look at it to confirm that they were right?

It is because of their concern that that mediator would say: "Hey, you guys, you are not going the right way. There is disaster at the end of this. We suggest you do this and this and this." They would be backed into the corner. At least they would try to get out of the corner they had backed themselves into.

Bill 94 is not conducive to the future health of members and myself, their children, my children and our grandchildren. Again, it is draconian legislation.

Mr. Breaugh: It has been my displeasure to know the member for Durham West (Mr. Ashe) for some 13 years now. He remains consistent. He has the uncanny ability to alienate people, even when there is a faint chance they might agree with him. I give him that much.

He mentioned a couple of things in his ramble tonight that I would like to comment on and perhaps hear a response from him later on. I do not know who has done it, but someone clearly has distorted the truth. Someone clearly has told doctors, who are normally reasonable people, some untruths about this bill. Doctors whom I have talked to are quite amazed to find the bill is about six sections long. Somehow they have been led to believe this is a very comprehensive piece of legislation. It is not; it is simple and straightforward. It talks about one item: extra billing.

The doctor my friend mentioned in his comments made the remark that she felt her job now would be to sit on the curb and watch the ambulance roll up to the front door and the funeral director roll out the back door. That is not the truth. I am sure that if that doctor were informed about the bill, she would not make

comments such as that about this legislation. It has nothing to do with that and she would be aware of that if, in calmer moments, she would reflect on that.

Finally, I am saddened somewhat in that I thought by 12:30 tonight at the latest the member for Oxford (Mr. Treleaven) would be on. I have been misled. I am now here because I wanted to hear a six-hour speech by the member for Oxford. I do not know why his seatmates will not let him speak, but I want him freed now.

Hon. Mr. Scott: I want to join with the member who spoke last in expressing the disappointment of many on these benches that the member for Oxford has not begun. My duty here freed me at 11 o'clock. I was told that it would be only moments before he began and that I should stay.

The Acting Speaker: You must address your remarks—

Hon. Mr. Scott: Yes. I am coming to the honourable member who interrupted the potential for hearing the member for Oxford. I hope there will not be a moment's delay before the member for Oxford rises to his feet and entertains us.

As to the member who spoke last, he warned us about the dangers of socialism. Of course, it is a matter to which all right-thinking people must direct a great deal of attention and concern. The onset of creeping socialism in this province has been so slow that if we began to devote some mild interest to it in about the year 2020 it would not be too late to avert the risk the member referred to.

While we are on the subject of creeping socialism, it has been brought to my attention by the cabinet historian, the member for Renfrew North (Mr. Conway), that the member speaking was Minister of Energy during the time when the last government purchased Suncor shares. It is hard to imagine a more profound example of the evils of socialism and the evils of bad business management rolled into one. I want the member in his two-minute reply at least to begin a rationalization for what has to be one of the great mistakes of the past decade.

Mr. Charlton: I assure the Attorney General that I will not unduly delay the member for Oxford. I must make a few comments about the analogies used by the member for Durham West when he tried to compare the post office to this government running the health care system. This government also runs nuclear power stations in Ontario. If they are as inefficient as the member implies, the health care system is probably not

going to make a whole lot of difference to us in the long run.

The government we are talking about also runs the ambulance services in the province. If they are as bad as the member for Durham West implies, then the health care system is going to have a very limited impact, at least in serious emergency cases, in dealing with the health care needs of the people of Ontario. That is if this government is as incapable of providing direction as the member for Durham West implies.

Mr. Callahan: I am waiting in great abeyance with the Attorney General. I rushed here from the beautiful city of Brampton to hear the member for Oxford speak, expecting to walk into the chamber and find all the material he had walked in with was being rhymed off.

To address the speech of the member for Durham West, when he referred to the New Democratic Party there was a real shrill in his voice. I got the impression a socialist was someone he could not possibly stand. Then he proceeded to do another thing that really angered me. He read from the *Globe and Mail*. He has deprived me of the opportunity to savour that paper tomorrow with my coffee. I would have thought, listening to what appears to be the very right-wing approach to this whole issue, he would have quoted from the *Sun*, not from the *Globe and Mail*.

1:20 a.m.

Mr. Foulds: It is not published yet. There is no early edition of the *Sun*.

Mr. Callahan: Is that right?

I must comment seriously on one item. The member does not seem to pick up on the issue that one cannot negotiate something when there is one person here and one person there and neither is prepared to change his position. Negotiation requires some type of accommodation.

I have watched the member and his revered leader on numerous occasions, constantly asking the same question from photostat copies of questions and getting the same answer, but for some strange reason they were not able to understand it; either that, or they were giving the doctors a false message. It has to be one or the other.

I figure we will hear in the next couple of speeches, particularly when we hear from that good, honest gentleman the member for Oxford, that the member was just fooling the doctors.

Mr. Ashe: The member and all those who have been waiting will be happy to know our next speaker is the member for Oxford.

There are a great number of points to cover, and I do not know whether I can do them all in the time. The first is the obviously incorrect reference to my capacity in the past cabinet as the Minister of Energy when the Suncor window-of-opportunity purchase was made.

Mr. Breagh: You socialist dog, you.

Hon. Mr. Scott: You should have put curtains on it.

Mr. Ashe: No doubt many did not think it was the best investment at the time.

Mr. Breagh: Name names.

Interjections.

The Acting Speaker: Order.

Mr. Ashe: Contrary to the belief of the present Minister of Education (Mr. Conway), I was not the Minister of Energy at the time. As I recall, the Deputy Premier at the time was also the Minister of Energy.

Mr. Foulds: You did not sell it when you were the minister, you socialist. You hung on to it.

The Acting Speaker: Order.

Mr. Ashe: The member for Hamilton Mountain (Mr. Charlton) made an analogy to nuclear power. I am being very consistent. He may recall that during our many deliberations over numerous years in the select committee, I always indicated one of the reasons Ontario Hydro has such a worldwide reputation was that the day-to-day operations are not controlled by the government, as another government tries to control the post office. That is probably why Ontario Hydro is efficient and the post office is not.

As for the member for Brampton (Mr. Callahan), if I had known he could read, I would have left him the full opportunity to read the first copy of the *Globe and Mail* tomorrow.

Mr. Gillies: Mr. Speaker, on a point of order: I wonder if I might have the pleasant duty of introducing our guest speaker this evening.

Hon. Mr. Scott: Mr. Speaker, on a point of order: We have reached the point in the program to which all members have been looking forward all evening and this morning. Bearing in mind the importance of this address, is it an infraction of the rules that the honourable member might be invited to speak from a seat other than his own so that we can all get the full benefit of his remarks? To speak from behind a pillar, as he is now doing, is very unfair.

Mr. Treleven: No. I have prepared the table before me and will therefore speak from here.

Interjections.

The Acting Speaker: Order.

Hon. Mr. Sorbara: Mr. Speaker, on a point of order: I would like to take this opportunity to thank the member for Oxford for his speech.

Mr. Treleaven: After my initial comments, as an outline of what I am going to do, I think the people in this chamber should imagine a little man with a green eye-shade and shirtsleeves and garters on his biceps poring over definitions in various statutes. If members picture that, they will not be disappointed in my comments. However, if they think of anything more exciting than that, they will be disappointed.

This is perhaps heresy. During the next little while, I may be castigating the Minister of Health (Mr. Elston) and the Minister of Community and Social Services (Mr. Sweeney).

Mr. Ramsay: And Bill 30, I will bet.

Mr. Treleaven: No; but I do want to say, and this is where the heresy comes in, that as I castigate a couple of ministries, this is one of those darts-and-laurels things. The darts go to those two ministries and their ministers, but at this point I do want to acknowledge publicly two ministers and their ministries who have been very helpful to me during the past year.

The first is the Minister of Transportation and Communications (Mr. Fulton) and his ministry. The second, I am glad to say, is the Attorney General (Mr. Scott). Both of these ministers have been extremely helpful to Oxford, just as the Ministry of Health and the Ministry of Community and Social Services have been unhelpful.

In fact, tonight the Attorney General personally delivered across the chamber a reply to my letter of June 3. The minister behind him, the Minister of Labour (Mr. Wrye), takes four months and six days to get the average reply just acknowledging a request. The Attorney General gives a reply in two weeks.

Mr. Martel: On a point of order, Mr. Speaker: Would you be prepared to tell me just what this has to do with the bill we are debating? To my knowledge, something about the Attorney General has nothing to do with the bill before the Legislature dealing with the Ministry of Health. If the member wants to talk about that bill, I am prepared to listen; but if he is going to talk about everything else, then we are in deep trouble, and I am not listening.

The Acting Speaker: Order. I appreciate that it is 1:30 in the morning and you must do something to keep yourselves awake. On the

other hand, I am very much awake here. You must give the member for Oxford a chance.

Mr. Martel: He is not talking about the bill.

The Acting Speaker: Order.

Mr. Treleaven: I was down in my office trying to get a snooze from about 8:30 until 10:30. I was wrapped in a blanket that has dog hair on it; I got it from my car. It was all I could do to cover myself.

Mr. Sterling: On a point of order, Mr. Speaker: I have to agree with the member for Sudbury East (Mr. Martel). I do not know what a dog-haired blanket has to do with Bill 94.

Mr. Gillies: On a point of order, Mr. Speaker: By extension, what does a dog-hair-covered blanket have to do with the Attorney General?

Mr. Treleaven: I was listening on the squawk-box in my office. I listened to the member for Sarnia (Mr. Brandt) speaking on this bill. He was very noisy over the squawk-box, and I could not get to sleep while he was on. Then the member for Oshawa (Mr. Breugh) took his two minutes just as I was nodding off, and I was awake again.

1:30 a.m.

Then the member for Brock (Mr. Partington) came along. I have never heard him so excited. On and on. The member for Lakeshore (Mrs. Grier) was upset with the member for Brock, who could not seem to understand. Then the member for Mississauga East (Mr. Gregory) got really cross with her because she could not understand him, and the member for Beaches-Woodbine (Ms. Bryden) was very disappointed in them both.

I hope my comments tonight are more erudite, as my friend the member for Wentworth (Mr. Dean)—

Hon. Mr. Scott: The member means more draconian.

Mr. Treleaven: No, later I also have "draconian" many times, but I believe "erudite" was a reference to the Attorney General. The member for St. David (Mr. Scott) had used some non sequiturs when he was talking about extra billing. I must deal with that. He was accused by one of the other members of talking about billing under legal aid. Perhaps the Attorney General has not and does not bill under legal aid. However, he was stating it is illegal to "extra bill" under legal aid.

Where the non sequitur comes in is that those who bill according to legal aid when a client has a legal aid certificate have to adhere to the law

society's fee schedule. However, for those who bill outside the legal aid system, i.e., virtually all the clients of the Attorney General in private practice, it would be at whatever fees they wish to charge those clients.

He mentioned in his speech a little while ago that he had the Ontario Medical Association as a client. I am sure the OMA does not qualify for a legal aid certificate. Therefore, I am certain the fee of the then solicitor for the OMA would have been "extra billed," i.e., not according to any tariff. Therefore, in the legal profession there is a two-tier system. I want to point out this two-tier legal fee system the Attorney General was trying to deflect.

He also asked various members, such as the member for Mississauga East, "Do you believe in extra billing?" He asked several others, who answered him very clearly, and I should anticipate that by saying that since doctors are small businessmen, as are solicitors, they should have the same rights as other small businessmen. They have businesses to run, employees to pay, rent, car expenses, black bags to buy and replace, etc. They are small businessmen. They should have the same rights as other small businessmen to bill on the free market in their offices. I am not speaking of about while they are in a hospital, which is a publicly owned and supported institution. In their offices they should be small businessmen the same as the shoe dealer, etc.

Mr. Breagh: Are you saying a doctor is the same as a shoe dealer?

Mr. Treleaven: The same as a shoe dealer, a clothier or a lawyer, they are small businessmen, and they should be treated as such.

Hon. Mr. Sorbara: Can I sell the member a transplant?

Mr. Treleaven: They are businessmen. When he was in private practice, I am certain if his client had asked the member for St. David ahead of time, "What will your fee be?" he would have told them upon what basis he was going to charge his fee. If they did not ask, at the end he would still add up his time, etc., and would then charge a fair fee based upon his time, his experience and the overhead of his "business."

Hon. Mr. Sorbara: I think that is being very fair.

Mr. Treleaven: I am sure the Attorney General was most fair as he considered his account, as most solicitors are.

We are on third reading, and the third reading debate is why Bill 94 should not be read a third time. There are many reasons.

By the way, as the Attorney General is leaving, I mentioned the little man in the green eye-shade. The reason he should picture that in his mind is because approximately one third of my talk is a comparison of definitions in different acts. He would like that. He would appreciate it, as the other solicitors here would, but it is not the highest form of entertainment. I know he intends to leave, and I just want to leave the word picture in his mind of why he is happy to escape, as is the Minister of Skills Development (Mr. Sorbara).

Hon. Mr. Scott: Actually, I am going to a meeting.

Hon. Mr. Sorbara: But this is very good.

Mr. Treleaven: Someone asked me if he had time to go home for a nap and he lives near Hamilton. Yes, and he can get back and I will still be here to greet him.

Bill 94 should not receive third reading because it has many inconsistencies in it. For example, let us look at the definition of "practitioner." This is just an example. I am going to give a few examples as I go through, a thumbnail sketch of what I will be dealing with in more detail later. I do not know why the place seems to be clearing out. Is it something I have said?

Hon. Mr. Bradley: John Williams used to do this.

The Acting Speaker: Relate to your topic, please.

Mr. Treleaven: Let us deal first with the definition of "practitioner" in section 1 of Bill 94. That is an amendment that just got in under the wire. When we look at the other amendments that were made latterly by the Minister of Health today, in the definitions added to section 1, if we look under the definition of "board," it means "the Health Services Appeal Board under the Health Insurance Act."

Moving down to "general manager," it means "the general manager appointed under section 4 of the Health Insurance Act." When you get down to "practitioner," it is defined as meaning "a physician, an optometrist or a dentist." The member for Kitchener (Mr. D. R. Cooke) is a solicitor. I thought he would find this enthralling.

Mr. D. R. Cooke: I was going to go and get my own glass of water because there are no pages here.

Mr. Treleaven: I can understand that. It may be dry and the member may be—

The Acting Speaker: Order.

Mr. Treleaven: Yes, Mr. Speaker. The definition of "practitioner" says it means "a physician, an optometrist or a dentist." Why does that definition not refer to the Health Insurance Act as do the definitions of "board" and "general manager"? If we look at the Health Insurance Act for that definition, it is different.

This is one of the inconsistencies and a reason that this bill should not receive third reading and why it should be amended. Instead of this closure motion, we should have reverted back to committee of the whole House or back to the standing committee, so the people could come in and discuss the bill as we now have it amended, which makes it a tremendously different bill than it was originally.

Let us look at the definition of "practitioner" under the Health Insurance Act: "'practitioner' means a person other than a physician who is lawfully entitled to render insured services in a place where they are rendered." How can we have the Health Insurance Act governing Bill 94? How can one law control the other and have a different definition of the same word?

A practitioner includes a physician under one law and does not include a physician under the other. A physician is defined separately under the Health Insurance Act. That is one example. The Canada Health Act is also inconsistent. Bill 94 defines a practitioner differently from the Health Insurance Act and the Canada Health Act.

1:40 a.m.

If we look at the Canada Health Act which provides the entire reason for Bill 94, which is to try to get money from and through what is governed by the Canada Health Act, and then look for the definition of practitioner, we cannot find it. One finds "health care practitioner." It means "a person lawfully entitled under the laws of the province to provide health services in the place in which the services are provided to that person."

Mr. Polsinelli: Look up the definition of draconian.

Mr. Treleaven: Draconian comes later. I do not have the definition for that. I am sure it is in none of the statutes I have in front of me or that I have dealt with.

In coming to the definition of medical practitioner, which is contemplated by practitioner, one sees under the amendment to section 1 of Bill 94, it means a physician, etc. Yet medical practitioner means "a person lawfully entitled to practice medicine in the place in which the practice is carried on by that person." That is

not physician. That is under the Canada Health Act.

This will get much clearer as I proceed.

Another example of where this act, Bill 94, is inconsistent and should be amended is the term "unauthorized payment." If one looks at the words "unauthorized payment" which is a new section, again brought in this afternoon into this act as one of the added section 1 definition amendments, "'unauthorized payment' means the amount of money by which the amount a practitioner has charged and been paid for rendering an insured service to an insured person"—the emphasis is on insured person—"exceeds the amount payable under the plan for rendering that service to that insured person."

Mr. Sterling: I would like to ask the speaker a question and I believe it is permissible under the standing orders.

The Acting Speaker: Is it a point of order?

Mr. Treleaven: I think he is trying to ask if I will yield the floor for a question. I will yield the floor only for a question.

Mr. Martel: That is not in order.

Mr. Sterling: He can do that. He can yield the floor and allow me to ask a question.

He has to agree to yield the floor.

Mr. Polsinelli: On a point of order: I believe the rules of procedure of this House were changed a short while ago permitting members to ask questions after the previous speaker, particularly for this type of situation. I have read through the standing orders and I do not see any part of the standing orders that allow this type of procedure.

Mr. Harris: On a point of order: I believe it is in the standing orders. It is my understanding from my thorough examination of them, that if the speaker agrees to yield for a question, that is in order.

The Acting Speaker: Thank you for helping me.

Mr. Breaugh: On a point of order, Mr. Speaker: I think you will find as you go through our standing orders that precise rule is not written, but I am sure the Speaker will be aware that it is a long-standing tradition at Westminster for members to yield the floor briefly for a question. It is a great and venerable tradition and one that obviously should be done when a member is in real trouble. We have a member in real trouble. He should be prepared to yield for almost anything.

Mr. Sterling: I was going to ask the member for Oxford why he was reading all these

definitions and whether he could explain the thrust of what he is doing in a brief overview and then go into the particular definitions.

Mr. Treleaven: The overall thrust of what I am doing to you is pretty obvious.

The overall thrust is to show a couple of brief examples—I am just starting through—

Mr. Breagh: Take your time. There is no need to rush.

Mr. Treleaven: Yes—of the inconsistencies in the definitions: improper draftsmanship, mistakes.

The member for Durham West (Mr. Ashe), who is yawning right now, stated that we in this chamber, being human, sometimes do act in haste. We do pass statutes in haste. That is what has happened here. Again, the member for Durham West was correct. We have passed this in haste. It has been drawn up in haste by the ministry, and therefore there are gaps in the definitions.

When I was reading the definition of “unauthorized payment,” as the addition which went into the bill yesterday afternoon, I emphasized with my voice the words “insured person.” This is incomplete. There are people in this province who are not insured persons, who do not have the Ontario health insurance plan.

I can give you an example: the old order Mennonites. There are a good number of them in Oxford county. There are a good number in Huron-Bruce, the riding of the Minister of Health, around the Lucknow area. There are others in the Peterborough-Madoc area. They are all related, basically, to the people in Oxford county, Oxford, Elgin, the east side of Middlesex county, Norfolk—all these areas have these people.

They pay taxes, but they do not vote. They do not have health insurance of any kind. They do not have fire insurance unless a mortgage requires it. They do not believe in that, and if someone is injured they pay cash at the hospital for the doctor, etc. Therefore, if one takes this “unauthorized payment” and looks at “insured person,” one has a problem with Bill 94.

Section 2, for example, the operative section of Bill 94, deals with opted-out physicians, etc. Section 2 of Bill 94—

Mr. Sterling: On a point of order: The member for Yorkview (Mr. Polsinelli) was asking the speaker before the member for Oxford the definition of “draconian.” Just to help the debate, I want him to know it is the colouring matter in a dragon’s blood.

Mr. Polsinelli: It is what?

Mr. Sterling: The colouring matter in a dragon’s blood.

Mr. Polsinelli: What piece of legislation does that refer to?

The Acting Speaker: Order.

Mr. Sterling: The member asked the question.

Mr. Treleaven: The opting-out section, section 2 of Bill 94, states: “A physician or an optometrist who does not submit his or her accounts directly to the plan under section 21 or 22 of the Health Insurance Act or a dentist shall not charge more or accept payment for more than the amount payable under the plan for rendering an insured service to an insured person.”

1:50 a.m.

In other words, it says that a doctor who does not accept OHIP, who does not bill through OHIP; i.e., he bills his patients directly, cannot charge more than OHIP rates to an insured person. But what about a person who is not insured? A doctor can, therefore, render an account to a person who is not insured and he is not caught by section 2. Therefore, we have a gap in this statute.

One can have at least three types of doctors: those who bill OHIP for insured persons under the act; those who are opted out and who bill insured persons; and the third kind of doctor, physician, optometrist or dentist who bills a non-insured person. He can bill any amount he wants. He is not governed and does not fall within section 2, and this is a gap within the act.

The member for Yorkview is scrambling madly at his act, and I am sure he will find section 2 of Bill 94—

Mr. Polsinelli: The member is misinterpreting.

Mr. Treleaven: I am sure I am not misinterpreting it. An insured person is a person who is insured under OHIP.

Mr. Martel: On a point of order: I have listened for some time now to this diatribe. Erskine May, the authority on parliamentary procedure, on page 576 says:

“The amendments that may be moved to the question for the third reading of a bill follow the same pattern as those that may be moved on second reading; and the provisions of SO No. 41 concerning the questions to be proposed on such amendments apply equally to second and third reading. Debate on third reading, however, is

more restricted than at the earlier stage, being limited to the contents of the bill;..."

It has nothing to with the office of the Attorney General. It has nothing to do with the Mennonites. It has to do with the content of the bill which is before the Legislature.

I am not prepared to listen all night to this drivel which has nothing to do with Bill 94 unless he is going to deal with what it says in Erskine May: "Debate on third reading, however, is more restricted than at the earlier stage, being limited to the contents of the bill; and reasoned amendments" which might have arisen.

Mr. Speaker, I ask you to apply the rules as under Erskine May—

The Acting Speaker: Order. The member's point is very well made. On the other hand, I wanted to give my honourable colleague a chance to warm up. I am sure that shortly he will direct his remarks towards the topic, which is Bill 94. He will.

Mr. Martel: On a point of order: I do not want to cause any kind of kerfuffle, but he has been warming up now for some half hour. It is drivel, it does not deal with the content of the bill and when we get to third reading, as Erskine May says, one must deal in a more restricted fashion than one does on second reading, which is pretty wide and free-wheeling.

Here it is very concise. One must deal with that sort of presentation that has been put forth by Erskine May. The member is dealing with everything else but the bill. I am tired of waiting for him to get to whatever you think he might get to some time in the near future, Mr. Speaker.

The Acting Speaker: The member has made his point.

Mr. Polsinelli: On the same point of order and in defence of my colleague the member for Oxford: The past few minutes when he was talking about the Mennonites related directly to the bill in the sense that the member was submitting that there is a gap in the bill. His proposition is that a doctor could bill a Mennonite more than he could bill an insured person. I submit that, while he was on topic, he was misinterpreting section 2, and that is not the case.

The Acting Speaker: Would the member please resume his seat.

Mr. Martel: There is no clause-by-clause discussion on third reading. He may speak to the principle of the bill, but this is not a clause-by-clause, section-by-section debate. He should have done that in committee. This should deal

with the principle and we should not have to listen to that drivel all night.

Mr. Gillies: On the point of order: In fairness to my colleague the member for Oxford, I think our interpretation in this House has been that speeches on the principle of a bill are fairly wide-ranging. How can one tell after merely half an hour of a speech whether it is going to turn into drivel?

Mr. Treleaven: To assist, I must agree with the member for Yorkview that I am dealing directly with section 2 of Bill 94. How can one possibly—

Mr. Martel: On a point of order: We are not dealing with a clause-by-clause debate on third reading. That is where my friend is wrong. That is why I ask that you bring him to order, Mr. Speaker. If he wants to talk about the principle of the bill, fine, but this is not a clause-by-clause debate.

Mr. Sterling: On a point of order: A few moments ago the member for Oxford yielded the floor to me to allow me to ask a question. I asked him for the thrust of his arguments in dealing with the definitions of the bill. He answered that he was showing the inconsistencies involved in the definitions of the bill. That has a large bearing on whether we should pass this on third reading.

Mr. Polsinelli: On the same point of order: The member for Oxford is dealing with a fundamental principle of this bill. The fundamental principle is that no one in Ontario should have to pay more for medical services than what is paid by OHIP. In his argument, he indicated that there was a possibility of a gap in the bill and that certain segments would have to pay more. In fact, he was mistaken.

The Acting Speaker: That is not a point of order.

Mr. Polsinelli: It was on the point.

Mr. Treleaven: With help like that, I do not need—

The Acting Speaker: Order.

Mr. Martel: May I quote Erskine May again?

The Acting Speaker: Please resume your seat. Will the member for Oxford make sure he sticks to Bill 94 and please stop raising the ire of his colleagues.

Mr. Treleaven: It takes very little to raise the ire of the member for Sudbury East. However, if the member for Sudbury East will read further on that page of Erskine May—he may have a many years old edition. One cannot make amendments on third reading. Only in the House of Commons

do they still make amendments on third readings.
2 a.m.

Mr. Martel: On a point of privilege: At no time did I talk about the member making amendments. I am talking about the debate. I quoted the entire paragraph, which in itself dealt partially with amendments. I am simply saying the member must deal with the principle of the bill.

On third reading, the debate is much more restricted than on second reading, which allows one to wander pretty freely and easily. The Speaker has ruled in this Legislature on more than one occasion that we cannot deal with clause-by-clause in second reading; that is done at the committee of the whole House stage. If my friend the new and learned member would only read Erskine May once in a while, he might understand it is not a clause-by-clause debate; it is a debate on the principle of the bill. He should try reading it. He is dealing with clause-by-clause and definitions, and that is out.

Hon. Mr. Curling: On a point of privilege, Mr. Speaker: I was just getting the drift of the drivell, and this member interrupted me. I want to see where the drivell is going to lead. It is my privilege to let him continue so I can find out where the drivell is leading.

Mr. Treleaven: The member for Sudbury East is quite correct. It says we must be more closely restricted on third reading than on second reading. Second reading is on the principle of the bill. Third reading is on the bill as amended at this point. The question is, should the bill be given third reading? I am stating why Bill 94 should not receive third reading. That is straight out of Beauchesne and Erskine May. I am adhering strictly to the bill as amended. Section 2 is part of the original bill.

Mr. Martel: On a point of order, Mr. Speaker: It is not a clause-by-clause debate, and you have to rule on that, sir. He is attempting to deal with the bill clause by clause, and that is not a third reading debate. I ask you to bring him back to order and make him talk about the principle of the bill. I am prepared to listen to that, but I am not prepared to listen to a clause-by-clause debate. That belongs in committee of the whole, even if my friend the member for Yorkview cannot read.

Mr. Sterling: In defence of the member for Oxford, he is not dealing with it on a clause-by-clause basis. He is comparing the clauses, how they interact with each other and how they interact with some federal legislation.

The definitions in the Canada Health Act as opposed to those in Bill 94 are very important, because they interact with each other. If the member for Sudbury East had been here for the committee hearings and had heard some of the debate in relation to those definitions, he would realize how important they are and how important the whole interrelationship between the different definitions is.

It is one of the major principles that can be talked about in general on third reading. I am sure the member for Sudbury East has seen the reason and the logic behind my argument, will accept it and will no longer interject so we can hear the member for Oxford continue with his very good remarks.

The Acting Speaker: Order. The member for Oxford is entitled to discuss the clauses in the debate.

Mr. Martel: Mr. Speaker, he is allowed to debate the principle on third reading. It is not a clause-by-clause or definition-by-definition debate. That is finished. It is the bill on principle.

The Acting Speaker: Order. I have made the ruling.

Mr. Treleaven: On second reading we discuss the philosophies and the principle of the bill, and we can be wide-ranging. I am on third reading, and in Beauchesne and in Erskine May it states that third reading debate, as I said, must be narrower and more specific to the bill than second reading debate.

Mr. Martel: And it is not clause-by-clause.

Mr. Treleaven: It is not clause-by-clause examination.

Mr. Martel: Or definition-by-definition.

Mr. Treleaven: It certainly is on definitions. The bill as it now exists, as amended, is what must be discussed on third reading. That is what third reading is for.

The Acting Speaker: We have agreed. I have made the ruling.

Mr. Treleaven: Thank you, Mr. Speaker. That is what I am doing. I am pointing out inconsistencies in this bill and why it should not be given third reading. There are inconsistencies with the Canada Health Act, which Bill 94 is trying to accommodate and adjust itself to.

Mr. Martel: That is not what third reading is about. And you are the Deputy Speaker; no wonder we are in trouble.

Mr. Treleaven: I am having a great deal of difficulty hearing even myself over the member for Sudbury East.

Mr. Martel: If the Deputy Speaker does not know the rules any better than that, we are in serious trouble.

The Acting Speaker: Order.

Mr. Treleaven: I am comparing it not only with the Canada Health Act but also with the Health Insurance Act and with the Health Disciplines Act, which are acts referred to specifically in this bill.

I talked about the amendments, the added definitions, that were put in section 1 today. I am pointing out inconsistencies. Those very definitions refer to the Health Insurance Act—

Interjection.

Mr. Treleaven: Fine. May I continue, Mr. Speaker? I am right on point. I am right within the authorities—

Mr. Martel: Baloney, he is.

Mr. Treleaven: Thank you. Back to section 2, which is an original section of Bill 94: The member for Yorkview does not agree with me. However, I submit there is a third group of persons in Ontario who are not covered by section 2 of Bill 94. I gave the members one example of these people. A physician, an optometrist or a dentist may extra bill them or charge what he wishes because they are not insured persons and do not come under section 2.

The act is deficient under section 2 as a result. That is one more reason why the bill should not be given third reading. It should be voted against on third reading and, quite frankly, sent back to the standing committee.

It has been very difficult. The member for Sudbury East is making this a lengthy debate. I hope he will not continue this kind of obstruction. It certainly does lengthen one's comments.

Mr. Martel: For a windbag like you, it does not take much.

Mr. Treleaven: With the interjections of the member for Sudbury East, I am only a fifth of the way through my preliminary comments of what I am going to discuss in my speech.

The Acting Speaker: The member for Oxford will please address his remarks to the chair.

Mr. Treleaven: Yes; thank you. I do hope the member for Sudbury East will restrain himself.

Mr. Martel: Will you get to the drivel?

Mr. Treleaven: I will show where it is leading. This bill is a different bill now from the one the witnesses addressed in the standing committee. One immediate example is the New Democratic Party amendment placed by the member for Windsor-Riverside (Mr. D. S.

Cooke) on Tuesday, June 3. I believe it is the newly amended subsection 2(2)—

Mr. D. R. Cooke: Does the member not have to go to the washroom?

Mr. Treleaven: That is no problem; I am not imbibing the water.

Remember that the original section 2, which I just dealt with, became subsection 2(1) upon subsection (2) being passed; it was an automatic change of designation. Therefore, subsection 2(2) states:

"A practitioner referred to in subsection (1)"—that is, an opted-out physician, etc.—"shall not accept payment in respect of an insured service rendered to an insured person until after the practitioner receives notice that the patient has been reimbursed by the plan unless the insured person consents to make the payment on an earlier date."

2:10 a.m.

I will be dealing much later with how unfair that is from a straight business point of view; no other businessman in the world has that placed against him. We do not have the right when we buy shoes to say to the man who sells us shoes, "I do not have to pay you until I know you have paid your wholesaler and your wholesaler has sent me confirmation." I will get into that later. I am trying to point out that this section is draconian; that is the dragon's blood, I think.

That was not in there when the witnesses appeared before the standing committee on social development to discuss this bill. It is a different bill. That is only one very small example. This bill should not go forward to third reading but should go back to the standing committee so the witnesses are able to review it in its present form, as amended. That seems fair; it should not go forward to third reading.

Mr. Polsinelli: Mr. Speaker, will the member permit a question?

Mr. Treleaven: Yes, I will permit one question.

Mr. Polsinelli: I refer the member for Oxford to section 2. He is saying essentially that there are gaps in this bill. I submit that he is misinterpreting section 2; perhaps he should reread it. It says effectively that a physician, an optometrist or a dentist cannot charge "more than the amount payable under the plan for rendering an insured service to an insured person." The maximum that can be charged is the amount the plan would pay for an insured service to an insured person, not that one has to be an insured person to be covered by the bill. The bill covers everybody.

Mr. Treleven: Exactly; dead on. That is where the member for Yorkview and I come apart. Not everyone is covered. That is the very issue. How can a person be covered by the plan if he pays no OHIP premium and no one pays the OHIP premium for him? If he does not pay and no one pays for him, he is not an insured person. He is not under the plan; therefore this bill cannot cover him.

While section 2 states that those physicians, optometrists or dentists who are opted out will not charge more to certain groups of people, it is silent on the others. The implication is that these care givers can charge more if a person is not an insured person under this act.

Mr. Polsinelli: No. It says the doctors cannot charge more than what OHIP would have paid. That is what it says.

Mr. Treleven: It says, "to an insured person." The old order Mennonites in my riding are not insured persons.

Mr. Polsinelli: OHIP would pay nothing to an uninsured person.

Mr. Treleven: At this point, I am in only my preliminary comments. I am not fully into section 2. Perhaps later, when I get through my preliminary comments—

Mr. Polsinelli: What can we expect three hours later?

The Acting Speaker: Order.

Mr. Treleven: I can then go at it more fully and try to explain more clearly. Obviously, I am not making myself clear enough so that the member for Yorkview can get the point. I will do more of that a little later.

My next comment in a preliminary way is that the bill is machiavellian.

Mr. Laughren: That is unparliamentary.

Mr. Treleven: It is not unparliamentary.

The Acting Speaker: Address your remarks to the chair.

Mr. Treleven: I will address you, Mr. Speaker, and look at you and ignore the interjectors.

The Acting Speaker: Ignore the interjectors.

Mr. Treleven: Correct. The bill is machiavellian because the amendments deleted the heavy fines, which made the government look bad. The fines have been dropped from \$10,000 to \$250 and \$1,000, but through its amendment, this bill beefs up the Health Services Appeal Board.

I do not want to get into the Health Services Appeal Board at this point in my preliminary comments, but I—no.

Mr. Cordiano: The member should read us the note he just received. He should not be shy.

Mr. Treleven: We would not want that on the record.

Mr. Ward: The member can sip his water and not think about it.

An hon. member: One knows it is Toronto water if one can smell it.

Mr. Treleven: Toronto's water is heavily chlorinated, much more so than Oxford water, which comes from the Sweaburg swamp, right north of my house.

The Acting Speaker: Peace, and back to the debate.

Mr. Treleven: The Health Services Appeal Board has inconsistencies. In a preliminary way, I will paraphrase this. Many times during his comments, the minister kept stating that a member—singular, and it is in the act—of this appeal board will constitute a panel by himself. However, if we look at section 8 of the Health Insurance Act, which is the guiding act for Bill 94, it states that it shall be "not fewer than five and not more than nine."

Subsection 4b(1), as amended a couple of days ago, changed that and made it more open-ended. I remember the member for York Mills (Miss Stephenson) suggesting 30 or 36, and I think the minister concurred with 36. At the moment I do not have the exact number. It was increased by a great number so it would be not fewer than five and not more than 36 or whatever.

The act goes on to call for at least three to constitute a quorum. There is a chairman and a vice-chairman, and one of them is contemplated as being on that board. If we look at the table of contents of the document outlining the proceedings of the Health Services Appeal Board, which were put out by the Ministry of Health in 1984, we will see that the panels on various cases ran between three and eight. I could not find one where the full nine were on a panel.

Incidentally, during the debate, I remember the member for Lincoln (Mr. Andrewes) and the member for Oakville (Mr. O'Connor) stated they believed the board was two years behind in its case load. The member for Wentworth North (Mr. Ward) checked with the officials and found out "it was improving."

The first case that came with these proceedings of the Health Services Appeal Board, in the matter of a hearing under the Health Insurance Act, involved a Gordon Bissessar, MD, versus the general manager of OHIP and the medical review committee of the College of Physicians

and Surgeons of Ontario. That one took almost three years. There was a decision of the general manager in November 1981. The matter came before the board in April 1984, and I think the final decision was on May 22, 1984. It took almost three years from the decision of the general manager in appealing it to the Health Services Appeal Board. I will get to that in more detail. I was just going by that. That was just an aside regarding a problem with the act and a reason this act has to be changed further. I will get to that specific point in detail later.

2:20 a.m.

Right now, the point is why, under the act and under the amendment, we have a singular person constituting a panel, whereas in the past and under the Health Insurance Act, there have been at least three. I therefore believe that with the beefed-up board—now no less than three and up to 36—Bill 94 must be amended again; we must have a panel that is no less than three rather than a single panel, so the procedures are not changed and the act is consistent. Otherwise, we have real problems.

Because this bill is not reprinted, because we have the situation at hand now, because we are under the guillotine and because of the time allocation, we moved directly from committee of the whole House and the amendments right to third reading. Therefore, we set aside the standing orders that call for reprinting of the bill, as amended, before it goes to third reading. That is why we have to have unanimous consent to allow that.

I am sure all members debating on third reading up to this time have found a real handicap in that the bill has not been totally reprinted. One must go from the Hansards of the amendments, jump back and forth into the act itself and then back to the amendments. I am having a little difficulty right now laying my hands exactly on this singular reference to the members of the board.

Subsection 3b(4) says, "A member of the board conducting a review shall inquire into...." Subsection 3b(3) says, "The chairman of the board may from time to time appoint a member of the board to conduct a review under this act." That is, a single-man or single-woman panel, a one-person panel, is now an amendment to the act. It should not be. It is inconsistent with this. Of course, I am talking about the Health Services Appeal Board. It should not be, because the board was set up and is set up under the Health Insurance Act, which calls for no less than three and no more than 36.

How can one have a quorum of three and then have Bill 94 say a panel can be one? Bill 94 is wrong. The amendments have been hurried too much. Bill 94 should go back for amendment to make it consistent with the Health Insurance Act in that the quorum for a panel is no less than three.

Members will see that I am consistently on topic on why Bill 94 should not be read a third time. The overall thrust of the bill is different. It is now an anti-doctor bill. When it started out, it was not such an anti-doctor bill. We have, for example, subsection 2(2) of the act—I am again under that handicap because the bill has not been reprinted. Even with the lack of reprinting, I believe it was on June 3.

The new subsection 2(2) states: "A practitioner referred to in subsection (1)"—that is again an opted-out practitioner—"shall not accept payment in respect of an insured service rendered to an insured person until after the practitioner receives notice that the patient has been reimbursed by the plan unless the insured person consents to make the payment on an earlier date." That says the practitioner has been singled out against all the laws of Ontario and Canada, particularly those of Ontario.

As I said before, civil law states—and if the member for Carleton-Grenville (Mr. Sterling) were here, he would certainly know—that if a man sells one a suit or a pair of shoes, the terms of his sale are cash at that point, cash on delivery. If he gives one 30 days, that is his choice, but without any specific arrangement for payment on a delayed basis, the terms of all such sales in the marketplace are cash at that time.

One does not buy a car from a dealer on the basis that one does not have to pay for it until General Motors, Chrysler, Honda or whomever sends notice that the wholesaler or manufacturing company has been paid. Of course not. However, that is what this amending subsection 2(2) does to the doctor, dentist or optometrist. Not only can he not bill but also he cannot even accept the money.

Let us say he has had a patient for years. As the patient leaves, he pays in cash, as happens reasonably often. As he walks out, he asks the nurse, "How much is that?" She says: "That will be \$25. We will send you a bill." The patient says, "Never mind," pulls out the money and lays it down.

Where is he? The doctor is now in violation and subject to all the penalties of the act, because not only can he not bill but also he cannot accept the money, even if it is paid at his office. This is

why it is an anti-doctor, anti-dentist or anti-optometrist bill. In commerce, this kind of law is placed on no one else.

I suspect that if some practitioner wants to take this thing to court on a constitutional basis, he will win, because this is discrimination against him as compared with all others who provide and sell goods or services in the commercial law field. That is why I call it an anti-doctor bill.

That amendment should not have been allowed, and it should not be there now. It is an extremely valid reason why Bill 94 should not be given a third reading.

I have a reprinted bill with arrows on it. That is very good. It does not contain all my notes, but it is helpful. Perhaps I will be able to use that instead of jumping back and forth into the Hansards.

2:30 a.m.

This bill is draconian now because of the hearings under the Health Insurance Act. Again, we are talking about the Health Services Appeal Board. This is another reason why the professionals—I mentioned them a minute or two before—are being discriminated against. I am sure the Charter of Rights and Freedoms would set aside various sections of Bill 94 as it is amended and throw it out as unconstitutional, because professionals do not get the same rights as ordinary citizens. These three professions are being discriminated against.

For example, in hearings before of the Health Services Appeal Board under the Health Insurance Act, section 5 says, "The chairman of the board may appoint a member of the board," etc. We have the two acts in conflict with each other. The professionals do not get the rights of ordinary citizens; for example, there is no specified right to counsel. Under these two acts, the professional who is charged and brought up before the Health Services Appeal Board not only does not have the right to counsel but also does not even have the right to appear. He has the right to make a submission in the same way as does the patient and the general manager. He does not have the legal, specified right either to appear in person or to have counsel.

I draw the attention of the members to the Statutory Powers Procedure Act, which deals with boards, commissions, etc., that, by statute, are given powers by this Legislature. That is exactly what we have here. We have a board. It is a tribunal, etc., for the sake of and under the Statutory Powers Procedure Act. Subsection 3(1) states that it "applies to proceedings by a tribunal in the exercise of a statutory power of decision

conferred by or under an act of the Legislature, where the tribunal is required by or under such act or otherwise by law to hold or to afford to the parties to the proceedings an opportunity for a hearing before making a decision." That is dead on here. In the Statutory Powers Procedure Act it is a hearing and it basically sets out the rights that anyone in Ontario gets when one comes up against an agency, board or commission of the government. They are guaranteed certain rights.

In the standing committee on procedural affairs I remember the then member for Wilson Heights, Mr. Rotenberg, was a strong advocate of this act. The member for Oshawa will remember Mr. Rotenberg going on strongly with regard to the Statutory Powers Procedure Act.

I read to members what subsection 3(1) applies to. Subsection 3(2) states, "This part does not apply to proceedings...(h) of a tribunal empowered to make regulations, rules or bylaws, in so far as its power to make regulations, rules or bylaws is concerned." One would think at first blush it would include the Health Services Appeal Board but it does not, because that Health Services Appeal Board does not make its own rules, regulations and bylaws. Therefore, this act governs.

We now have another conflict. Being hastily drawn, incomplete, improper, Bill 94 is violating another act which guarantees the people of Ontario, including doctors, optometrists and dentists, fair hearings. This act, Bill 94, comes along and tries to set up more jerry-built rules that fly in the face of the Statutory Powers Procedure Act. For example, hearings are to be public under this act. That is guaranteed except in the case of public security or intimate or financial personal reasons, when it will be held in camera.

Hearings are to be public. Under the Statutory Powers Procedure Act, everyone in Ontario is guaranteed the right to a hearing and is guaranteed the right to counsel. That is section 10. One is given the right to examine witnesses at hearings, etc. That is in particular. Everyone in this province is guaranteed the right under that act, to counsel at a hearing—I am disappointed that the Minister of the Environment (Mr. Bradley) is not staying around. The night is early. The morning is young.

Hon. Mr. Bradley: I am around.

Mr. Treleaven: I know he is around.

Under section 10, everyone in Ontario is guaranteed to "(a) be represented by counsel or an agent; (b) call and examine witnesses and present his arguments and submissions; (c) conduct cross-examinations of witnesses at a

hearing reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence."

Under the procedures of the Health Services Appeal Board, a person does not have a counsel, cannot call and examine witnesses and cannot cross-examine. All he can do is to send in written submissions. How can one cross-examine—

Mr. Callahan: On a point of order, Mr. Speaker: The honourable member is talking about the Charter of Rights and Freedoms, which I do not believe is before this august body. According to standing order—

Mr. Shymko: Is the member the self-appointed expert on this?

Mr. Callahan: The member should listen and learn something. According to standing orders 19(2) and 19(3), he is not addressing his remarks to the question under discussion. We have no authority to deal with the Charter of Rights.

The Acting Speaker: We have gone through this before.

Mr. Treleaven: I suspect the member for Brampton (Mr. Callahan) is joshing us. He is a solicitor and he knows; he can read these better than I can.

The Acting Speaker: Would the member please bring his remarks back to the topic.

Mr. Treleaven: Mr. Speaker, to convince you that I am constantly on topic and never off Bill 94, the Health Services Appeal Board is referred to in the amendment to the act. I cannot possibly be off topic. I believe it was the new section 4. This is difficult.

The new definition put in the board. It is the newly amended section 1. The first definition says, "'Board' means the Health Services Appeal Board under the Health Insurance Act." How can I possibly be off topic when it is the very first definition, the first mention in section 1 of the act?

Therefore, the Statutory Powers Procedure Act, which is a guarantee—

Mr. Callahan: On a point of order: I refer to section 19(11) of the standing orders. I suggest this member is using "abusive or insulting language of a nature likely to create disorder."
2:40 a.m.

Mr. Treleaven: I think the hour is getting to the member.

Mrs. Marland: I have news for you. He is like that first thing in the morning.

Mr. Treleaven: I would not know.

Interjections.

The Acting Speaker: Order.

Mr. Treleaven: I will not touch that one.

A guarantee is set out under section 10 of the Statutory Powers Procedure Act, as I said. How can one conduct cross-examination? The member for Brampton certainly knows about cross-examination of witnesses. How can one do that when under the Health Services Appeal Board all one can do is send in a written submission?

Mr. Martel: On a point of order, Mr. Speaker: I went out for a while and allowed you to let this fellow have a lot of latitude. He went through a clause-by-clause debate. Let me read you another section from Erskine May on the topic of third reading. I want you to get the import of what I am going to say, Mr. Speaker.

"The purpose of the third reading is to review a bill in its final form after the shaping it has received in the earlier stages. In the interests of brevity, debate at this stage is eliminated unless six members give notice of an amendment to the question for third reading.... When debate takes place, it is confined strictly to the contents of a bill and cannot wander afield as on second reading."

That is according to Erskine May. Mr. Speaker, you have allowed this member to wander around and go through it clause by clause, and I have listened to the drivel for a while. This is third reading, according to the experts, and I ask you to get this member to refrain from clause-by-clause debate and deal, as Erskine May says, with the principle.

The Acting Speaker: Thank you again.

Mr. Martel: How long do you intend to listen to this sort of drivel before you enforce the procedures followed in this Legislature, Mr. Speaker?

The Acting Speaker: I made a previous ruling.

Mr. Martel: Yes, but the previous ruling was wrong.

The Acting Speaker: Are you challenging the chair?

Mr. Martel: I would not challenge your ruling at this hour of the morning, Mr. Speaker, but I suggest that based on what third readings are about, you might reconsider your previous decision.

Interjections.

The Acting Speaker: The member for Oxford will please stick to the topic.

Mr. Treleaven: I am, but in this democracy, we cannot give in to intimidation. I will and I am. It is just that the member for Sudbury East sometimes cannot understand things. I will stay on and I will go slower for him so he can understand me. As I stated, there is no specified right to counsel. I hope to get through this before the member for Sudbury East interrupts me again.

Mr. Martel: On a point of order: I understand quite well what the member is saying and doing, even if it contradicts the rules of this House. As the Deputy Speaker of this House the member should know that full well. For the Deputy Speaker to violate the rules of the House is questionable. I ask you, Mr. Speaker, to look at the discussion of third reading on page 528 of *Erskine May* and reconsider what you have allowed the member to get away with so far by being lenient this late in the morning. How long do you intend to allow him to contradict, to conflict, or whatever you want to call it, with what third reading debate is all about?

Hon. Mr. Sorbara: Mr. Speaker, on the point of order that my friend raises: The member for Sudbury East is eloquent in his arguments. He is a veteran of I do not know how many years in this House. He has this evening raised the same point of order on a number of occasions, and you have made your ruling. When you asked whether he was challenging the chair, he said, "No, I am not challenging the chair."

It would perhaps be incumbent upon you, Mr. Speaker, to call the member for Sudbury East to order so that we can get on with the drivel.

The Acting Speaker: For the attention of the member for Sudbury East, I have made a ruling. In my opinion, the member for Oxford is relating to the content of the bill.

Mr. Cousens: On a point of order, Mr. Speaker: If there are going to be continuing outbursts by the member for Sudbury East in the future, will you start dealing with his behaviour? At this point, if he is going to interrupt the stream of thought coming from—

The Acting Speaker: That is not a point of order.

Mr. Warner: The member would not know a rule if he fell over it.

Mr. Treleaven: It is very difficult to keep oneself on track with these interruptions.

Mr. Barlow: Why does the member not start over again?

Mr. Treleaven: No. That would be repetitious, and under standing order 19, the member for Brampton would be after me.

Section 5, which deals with the Health Services Appeal Board and its procedures, is incomplete. It does not give these practitioners—the doctors, optometrists and dentists—the ordinary rights and protection of every citizen of Ontario. Therefore, this Health Services Appeal Board and its procedures, as set forth in the newly-amended Bill 94, are unconstitutional.

The bill should not be passed. It should not get third reading. It does not provide for counsel or an agent. It does not allow the physician or the professional to examine witnesses and present his arguments. It does not permit him to cross-examine witnesses.

Under Bill 94 and the Health Services Appeal Board, under the Health Insurance Act, the patient, the general manager and the professional—the practitioners—have the right only to submit in writing the arguments of their case as to whether they extra billed, took more money than OHIP authorizes. How can one get one's rights under the Statutory Powers Procedure Act to examine and cross-examine the other witness, the accuser?

This is totally unconstitutional and against the laws of Ontario as in this act and many other acts. It is a basic principle of law in this province that one has a right to cross-examine one's accuser. That is fundamental to our system of justice. It is not in Bill 94.

Section 11 of the Statutory Powers Procedure Act talks about the rights of witnesses to counsel. Again, that is not in Bill 94. Subsection 11(2) of the act says, "Where a hearing is in camera, a counsel or agent for a witness is not entitled to be present except when that witness is giving evidence." Again, the accused person's protection against what a witness is saying against him is not in Bill 94. For that additional reason, Bill 94 should not receive third reading.

2:50 a.m.

This is draconian. Here is another example of why the bill should not proceed to third reading. The professionals do not get the same rights as ordinary citizens. Bill 94 refers to the Provincial Offences Act. Members will remember virtually every other subsection in section 4 was deleted by a new amending section, but subsections 4(1) and 4(3) remained.

Subsection 4(3) of Bill 94 states, "When a prosecution is conducted by a private prosecutor and the defendant is convicted, the court may determine the actual costs reasonably incurred in conducting the prosecution and, despite section 61 of the Provincial Offences Act, may order those costs to be paid by the defendant to the

prosecutor." I am quoting subsection 4(3) of Bill 94, which refers to section 61 of the Provincial Offences Act.

Traffic tickets and so on are relatively minor provincial offences, and one still has protection. Everybody in Ontario gets protection under that act and yet under Bill 94, doctors, optometrists and dentists do not get those protections of the ordinary citizen.

Section 61 of the Provincial Offences Act, which is mentioned in subsection 4(3) of Bill 94, states in subsection 1, "Upon conviction, the defendant is liable to pay to the court an amount by way of costs that is fixed by the regulations." Subsection 61(2) deals with costs respecting witnesses. It says, "The court may, in its discretion, order costs towards fees" and so on. At the end it says, "shall not exceed \$100."

Subsection 4(3) talks of when a prosecution is conducted by a private prosecutor. Presumably that would be a lawyer retained by the Ministry of Health to conduct the prosecution. We have his costs being added in against—

Mr. Callahan: On a point of order, Mr. Speaker: According to standing order 19(d)3 this honourable member is not speaking on the topic. He has included the Charter of Rights and Freedoms and the Provincial Offences Act. The next thing we will be into is the Warble Fly Control Act. I suggest he is out of order and should be so ruled.

The Acting Speaker (Mr. D. R. Cooke): He is speaking on those acts only in reference to Bill 94, to which he is speaking.

Mr. Martel: If I might speak to the same point of order, Mr. Speaker: Let me indicate what it says in "Proceedings in Passing Public Bills," on page 528 of Erskine May's Parliamentary Practice:

"The purpose of the third reading is to review a bill in its final form after the shaping it has received in the earlier stages. In the interests of brevity...when debate takes place, it is confined strictly to the contents of a bill."

There is a second section; please bear with me, Mr. Speaker, while I find the section that further defines what should be done at third reading. On page 576, it says: "The amendments that may be moved to the question for the third reading of a bill follow the same pattern as those that may be moved on second reading; and the provisions of SO No. 41 concerning the questions to be proposed on such amendments apply equally to second and third reading.... Debate on third reading, however, is more restricted than at the earlier stage, being limited to the contents of the

bill; and reasoned amendments which raise matters not included in the provisions of the bill are not permissible."

It says in Erskine May, which is the authority, that it is not a clause-by-clause—

The Acting Speaker: Order. I have heard the argument from the member for Sudbury East several times this morning. A ruling has already been made by the Speaker on that point. The speech we are hearing has not deviated substantially from the time that ruling was first made, and I do not accept the point of order.

Mr. Callahan: On a point of order, Mr. Speaker: I would like to move a motion to appeal the ruling of the chair.

Mr. Breaugh: You did it.

Mr. Martel: Ring the bells.

The Acting Speaker: Does the member for Brampton wish to appeal the ruling of the chair?

Mr. Breaugh: He did not mean to say that.

Mr. Callahan: Mr. Speaker, after obtaining advice from two members in front of me, I withdraw that motion.

Mr. Martel: Mr. Speaker, before we proceed—

The Acting Speaker: Is this a new point of order?

Mr. Martel: Yes. I ask the Speaker for his guidance in this matter. The definition of third reading is quite clear. It does not allow for clause-by-clause debate on third reading. Will you tell me what parliamentary procedure you are following, so that I will know in future just what—

The Acting Speaker: Order. We are following the rules. The chair has ruled that the member for Oxford is following the rules.

Mr. Martel: On a point of order, Mr. Speaker: Erskine May is the authority on the Legislature.

The Acting Speaker: I have ruled on that point. Will you sit down, please?

Mr. Martel: Mr. Speaker, may I ask for your assistance? What do you think it means? Maybe you will explain to me—

The Acting Speaker: Order. Will you take your seat, please?

Mr. Martel: Mr. Speaker, will you explain to me what the following passage from Erskine May means, so that I will know how you are interpreting Erskine May? Obviously, we are at loggheads—

The Acting Speaker: Will the member take his seat, please? The chair has ruled that the member for Oxford is not in fact debating this clause by clause. He is following the rules. I am not going to hear any more on this.

Mr. Martel: Mr. Speaker, may I ask for your assistance?

The Acting Speaker: Will you take your seat, please?

Mr. Martel: On a point of order, Mr. Speaker: I ask the Speaker to assist me so that I will understand the ruling. What does it mean when it says, "Debate on third reading, however, is more restricted than at the earlier stage, being limited to the contents of the bill"? What does that mean?

Mr. Ward: Mr. Speaker, we do want to hear the member for Oxford. I would ask the member for Nickel Belt (Mr. Laughren) to restrain his conduct physically if necessary.

An hon. member: He is talking out of his seat.

3 a.m.

Mr. Martel: Mr. Speaker, how could he get your attention? He does not even know where he is supposed to be sitting and you recognized him. This has degenerated into a zoo.

The Acting Speaker: I believe the parliamentary assistant to the minister can take a seat in the front row.

Mr. Treleaven: It is difficult to keep one's train of thought. I am obviously on topic. Subsection 4(3) of Bill 94 makes reference to the Provincial Offences Act, so when I go to the Provincial Offences Act, following Bill 94, I cannot be off topic.

Mr. Cordiano: On a point of order, Mr. Speaker: I think the member for Oxford is following unparliamentary procedure. I just wanted to make that point. He can go ahead anyway.

Mr. Treleaven: As I have stated before, under Bill 94, the professionals do not get the same rights as every other citizen under many statutes. In particular, I am referring to the Provincial Offences Act that is referred to in subsection 4(3) of Bill 94. When we look at section 61 and those following, such as section 63 and section 67, we see that the professionals do not get these rights. In section 67, under the Provincial Offences Act, in which the offences are more important and more serious than overbilling by \$10, the guilty parties—

Hon. Mr. Sorbara: Mr. Speaker, on a point of order: I am very sympathetic to the point my friend the member for Sudbury East has raised. I am not raising that point to you, Mr. Speaker, but I think there is merit in what he says. I am confident my friend would press that point, even perhaps to a challenge to the chair, were it not for the fact that he does not want to get thrown out, which is probably the appropriate course because he has raised that point on a number of occasions.

In that general area, on that point, regarding our friend the member for Oxford, who has been going on ad infinitum, referring to section after section, perhaps you could direct or entreat him to take five or 10 minutes to explain to this House at 3:03 in the morning where his argument is going. If you were to direct him in that regard, we could get some sense of the general point he is trying to make. We could satisfy my friend the member for Sudbury East and the rest of the members who are in this House, now at 3:04 a.m., and who are trying to follow along.

The Acting Speaker: That is not a point of order. If you have a question for which you want the member to interrupt his speech—

Mr. Warner: On a point of order, Mr. Speaker: I think the member for Oxford rightly and properly has the floor. I ask that other members, including the member for Sudbury East, not interrupt. I have been listening intently to his speech. During the past three hours he has made two relevant points and that is above batting average for him. I wish to listen further.

The Acting Speaker: That is a good point of view and well taken.

Hon. Mr. Curling: On a point of order, Mr. Speaker: As you know, I am the most patient member in this House and I want to learn as much as possible. I gather that the member should speak on the principle of the bill. The point I am making is that he is so irrelevant that I cannot even get the relevance in his irrelevance. Where is the principle in what he is talking about? I cannot make any sense of what he is saying.

The Acting Speaker: The chair has already ruled on that point.

Mr. Epp: We are very concerned about the direction he has taken. Somebody has raised a point as to where he is going. I suggest if somebody had Ex-Lax, we would all know where he is going.

Mr. Ward: On a point of order, Mr. Speaker: I am getting concerned about the number of interjections as well. I have listened for two and a

half hours and I think the member is speaking in support of the bill.

Mr. Treleven: Actually, I have been going only an hour and three quarters, although it may seem like two and a half hours. In Erskine May and Beauchesne, from which my friend the member for Sudbury East likes to keep quoting, it also says—I am sure if the Speaker checks with the clerks they will confirm it—that on third reading debate the proper question is why third reading should be carried or why the bill should not proceed to third reading.

That is the whole purpose of speaking on it and that is where I am headed. Each of these points is right on as to why the bill should not proceed to third reading. I am dead on point. I hope I have clarified it for the member for Sudbury East.

Mr. Martel: Do not provoke me or I will not leave my chair.

Mr. Treleven: Yes, I do not want to antagonize him.

In Bill 94, under the procedures of the Health Services Appeal Board, what happens if a doctor is found guilty? There is what is known as a writ of fieri facias, or fi. fa. The member for Brampton has now left. There is seizure, fi. fa., etc. There are many things under the Provincial Offences Act, which is referred to in subsection 4(3) of Bill 94, through which the ordinary person gets all kinds of benefits; i.e., if there is a fine, he can ask for an extension from the courts and he will get time to pay.

Mr. Speaker, you as a solicitor know that. I am sure in the past you have asked for extensions of fines many times in court. The physician, the optometrist and the dentist sure do not get that under Bill 94 or any of the acts flowing from it, but one does under the Provincial Offences Act and under any number of other acts. There is the granting of an extension and so on.

I can go on about section 67 but I will not do that. There is also the suspension of fines in section 71 of the Provincial Offences Act, again referred to in Bill 94. The section states, "Where an act provides that a fine may be suspended subject to the performance of a condition," the court may suspend the fine on conditions. Those are ordinary rights that every citizen of Ontario has under many acts, such as the Statutory Powers Procedure Act and the Provincial Offences Act but does not have under Bill 94 from the Health Services Appeal Board.

Perhaps I have made my point there. I could go on, but I have shown that the bill is draconian for all those reasons. It is probably unconstitutional and should not be given third reading. Bill 94 is

imperfect, and I have dealt with the past, the draconian and machiavellian reasons it should be either amended or turned down.

3:10 a.m.

Now I will deal with the imperfections in it. It needs to be amended further. At least two areas immediately come to mind. Under certain circumstances this act will not qualify under the Canada Health Act. Anyone who has been here throughout second reading or in the debate in committee of the whole House will remember that the minister has continually stated—and I believe through question period, questions to the Premier (Mr. Peterson), etc.—that the whole purpose in bringing in Bill 94 was to get the \$53 million or \$100 million or \$25 million—whatever the figure might be—that the feds are holding in a pot up there until Ontario brings its legislation into line with the Canada Health Act. That, we understand, is the whole purpose of Bill 94.

Hon. Mr. Sorbara: Will my friend the member for Oxford yield the floor for a question? It will be very quick.

Mr. Treleven: Yes, I will yield for one question.

Hon. Mr. Sorbara: My question to my friend from Oxford is this: After all the debate we have had in this House, does he really, honestly believe that the sole purpose of this bill is to recover \$53 million? Is that the point of his argument? Is it his view, in summary of all the things that have gone on here in the past months, that this is the sole purpose? I would be very surprised if his answer were yes, but I would be interested in hearing it.

Mr. Treleven: It may not be the only purpose—

Hon. Mr. Sorbara: The member just said it was the only purpose.

Mr. Treleven: No. There may be biases on the part of the third party and the government. They may have biases in philosophies.

Mr. Callahan: On a point of order, Mr. Speaker: In his statement, the member has obviously made an allegation against the third party and he was just about to make one against the government. I submit that this is unparliamentary. I ask that he retract this statement or be called to leave the House.

I will avoid the one about being called to order. Order him out of the House.

The Acting Speaker: It is not unparliamentary to make an allegation against the government.

Mr. Treleaven: It was just a bias, really. All I said was that the government and the third party may have a bias or a philosophy with regard to Bill 94, but the main purpose has been stated over and over in this House by the government. The main purpose for hurrying—although various others say the government had until next April for the three years to be up—is to get this money that the feds are holding in the pot.

Mr. Callahan: If we are hurrying, why are we here tonight?

Mr. Barlow: It is that party's idea. It is part of the closure motion.

Mr. Callahan: I had a better day than the member for Oxford did.

Mr. Treleaven: But I accepted the member for Brampton.

In the debate and in committee of the whole House the member for Lincoln, the member for Oakville, the member for Carleton-Grenville and the member for Dovercourt (Mr. Lupusella) each tried to ask the minister about the Canada Health Act. This is crucial. I did not understand his answers. The members kept trying to explain themselves in different ways and tried to get the minister to understand. Either he did not understand or they did not and I do not. It may well be that we do understand and that there is a fundamental gap here in this bill.

Take section 12 of the Canada Health Act. I do not have to pull it out. Let us start with the assumption that one of the main purposes, or the main purpose, of going through with Bill 94 is that the province not be penalized by the holdback of moneys by the federal government under the transfer payments, established programs financing—whatever you will—under the Canada Health Act.

Section 12 of the Canada Health Act lays out the reasons, the criteria under which a province can qualify for the flow-through of funds, what it must do to qualify and the conditions under which the money will be held back; then, after that, the conditions under which it will flow the moneys through. Section 12 of the Canada Health Act is the main section; it deals with accessibility. As the members know, there are five program criteria under the Canada Health Act for a province to get the money, the full cash contribution.

Section 7 starts out by saying, "In order that a province may qualify for a full cash contribution referred to in section 5 for a fiscal year," sections 8 to 12 must be adhered to. I am paraphrasing. Sections 8 to 12 go through public administra-

tion, comprehensiveness, universality, portability and accessibility. Those are the criteria the provincial plans must meet to qualify for federal money. Section 12 is the most important of those.

Section 12, accessibility, sets out the criteria a province must meet to get this money from the federal government. Subsection 12(1) says, "In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province"—and that is what we are talking about in Bill 94: the Ontario health insurance plan and the Health Insurance Act; the Health Insurance Act is the "health care insurance plan" of Ontario referred to in subsection 12(1). Paragraph 12(1)(a) says that to satisfy the criterion—i.e., to get the money—one "must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly whether by charges made to insured persons or otherwise, reasonable access to those services by insured persons."

Incidentally, we are again on the point we were at a while ago about insured persons: "either directly or indirectly...made to insured persons or otherwise." One must take this to mean uninsured persons. I will deal with that again. I did before in a preliminary way; I will again, in a fuller way, get into "insured persons," which the member for Yorkview was so interested in.

Let us paraphrase paragraph 12(1)(a): The province must provide health services on uniform terms to everyone, with reasonable access to insured persons or otherwise.

Paragraph 12(1)(b) says, "must provide for payment for insured health services in accordance with a tariff or system of payment authorized by the law of the province." That is OHIP.

Paragraph 12(1)(c) says, "must provide for reasonable compensation for all insured health services rendered by medical practitioners or dentists." That is the key item.

Whenever the members for Lincoln, Carleton-Grenville, Oakville and Dovercourt kept asking the Minister of Health (Mr. Elston) about this, saying that something—an agreement—was missing, the Minister of Health kept giving them the answer that all a province has to do is provide reasonable compensation to these professionals.

He kept saying that. These members were not understanding. Frankly, I was not understanding. I just wonder if the Minister of Health is really understanding and all these other members are incorrect—reasonable compensation to the practitioners.

In subsection 12(2), this "reasonable compensation" term is dealt with. There is a deeming clause which begins, "In respect of any province in which extra billing is not permitted." Bill 94 attempts to do that. It attempts to say, "No extra billing." Right? If it is passed, there will be no legal extra billing in Ontario. Ontario will then qualify under subsection 12(2).

3:20 a.m.

Again, "In respect of any province in which extra billing is not permitted"—that is Ontario—"paragraph 1(c)"—the reasonable compensation clause—"shall be deemed to be complied with if the province has chosen to enter into, and has entered into, an agreement with the medical practitioners or dentists of the province." It says if they have agreed to enter and have entered into an agreement for negotiation, this agreement has to provide, "(a) for negotiations," etc., and "(b) for the settlement of disputes...conciliation or binding arbitration by a panel..."

This is my point. There is no agreement. At this time we still have an agreement under OHIP. We will not have an agreement after April, 1987. The current agreement runs out in 1987. At that point, any agreement with the doctors is off. Therefore, there is no agreement after 1987.

There will be no agreement. It takes two to enter into an agreement, the OMA and the province. One cannot have a unilateral agreement. There must be at least two parties to an agreement; it is privity of contract, from my law school days. There must be two people in a contract. If the OMA does not willingly, voluntarily, come to an agreement at April 1, 1987, there will be no agreement. It will be in limbo.

One remembers the kerfuffle in the newspapers about whether the government had offered the OMA that, if no new agreement were entered into after the present one terminated by the passage of time next year, the doctors could extra bill. They would have that right to extra bill, opt out, etc. One remembers the discussion and claims over that. Therefore, there will be no agreement at that point unless the doctors agree.

Let me work back. If there is no agreement entered into under subsection 12(2), then it will not be deemed to fulfil paragraph 12(1)(c), which means reasonable compensation to the professionals. If it does not meet that test, it does not meet the test to get funding. As all those members were trying to say and I am trying to understand, unless it meets all the criteria of section 12 of the Canada Health Act, how can Bill 94 do what the government wishes it to do to

qualify for this money? If it falls down on any of the criteria, it does not get the money. One of the criteria is that there is and will be an agreement that has been entered into.

Bill 94 does not close that gap. I wonder whether the minister, in the hurry to amend and sort around this bill, has a lame-duck bill which will not do what he wants. Again, this should be clarified. Amendments should be put in. An agreement should be entered into to qualify for that.

There was an amendment which tried to get close. The member for Windsor-Riverside proposed an amendment, which was voted down, that tried to set out an agreement or a formula for these negotiations. I did not read the whole thing, but this agreement that must be entered into to qualify for the money has to provide, under paragraph 12(2)(a), "for negotiations relating to compensation for insured health services between the province and provincial organizations which represent practising medical practitioners or dentists in the province;" i.e., this agreement has to provide for negotiations between the province and the OMA, the Ontario Dental Association or the Ontario Association of Optometrists. It already has to provide for negotiations in there.

There have to be clauses providing for settlement of disputes relating to compensation in there. This is paragraph 12(2)(b) of the Canada Health Act. Right now, the present agreement does not set out provisions for negotiations and the method they are going to negotiate for compensation, i.e. the fees. It does not set out the settlement, a formula for settlement or details or anything for the settlement of disputes relating to compensation; i.e., if they cannot agree, how do they determine the medical fees, the OHIP fees and the schedule?

Then it says, "for the settlement of disputes relating to compensation through, at the option of the appropriate provincial organizations referred to in paragraph (a)." Let us say the OMA—

Mr. Callahan: Could I inquire how long the member for Oxford is going to be, because I am trying to catch—

The Acting Speaker: I think the House should be excited and aware of the fact that the member for Oxford has just passed the two-hour mark.

Mr. Callahan: Is he wrapping up or what?

The Acting Speaker: Does the member for Oxford wish to yield the floor for a question?

Mr. Treleaven: No. I do not think there was a question. Well, there was a question asked.

Perhaps I can simply answer that I am now nearly halfway through my preliminary comments, the preliminary thumbnail sketch of what I will be discussing more fully.

Bill 94 is silent on this settlement of disputes that must be in the agreement for the province to get the money. It has nothing. There is no agreement with the OMA, for example, or any agreement for the settlement of dispute. It says at the option of the OMA, through "conciliation or binding arbitration by a panel that is equally representative of the provincial organizations and the province and that has an independent chairman." Then paragraph (c) says, "A decision of a panel referred to in paragraph (b) may not be altered except by an act of the Legislature of the province."

In other words, the federal government is saying in section 12 that it cannot just spring this panel, which has doctors well organized, equal OMA and equal province, on this panel. It cannot be altered without coming before this Legislature and receiving legislation.

The province cannot just by regulation or an add-on of some type simply amend, delete or cancel the decision of the panel. What has me puzzled—and I think has other members puzzled—is not there. I believe the minister has overlooked the fact that to qualify for the funds under the established programs financing legislation—

Interjection.

3:30 a.m.

Mr. Treleaven: Thank you, Mr. Speaker. Perhaps the smell of flowers will cover the smell of the chlorine in the drinking water.

There is no agreement in Bill 94, even though there were amendments that attempted to put it in and attempted to follow very much the wording of subsection 12(2). There is no agreement that provides for negotiations between the OMA and the government and that sets out a formula for settlement of dispute by conciliation or binding arbitration. Therefore, the bottom line is that Bill 94 can and will be passed and it still will not qualify for the funds from the federal government.

I started out by saying that the main purpose of this government in bringing down Bill 94 was to gain the federal money. The bill is going to fail in getting that. As a result, it should go back, be amended and examined again and more properly redrafted.

That was the one area where the bill is imperfect and where it will not qualify under the program criteria under the Canada Health Act. There will still be a withholding. Sections 18 and

20 of the Canada Health Act talk about withholding money if a province defaults and so on. Section 18 of the Canada Health Act is the section that deals with extra billing and user charges.

Section 18 reads as follows: "In order that a province may qualify for a full cash contribution referred to in section 5 for a fiscal year, no payments may be permitted by the province for that fiscal year under the health care insurance plan of the province in respect of the insured health services that have been subject to extra billing by medical practitioners or dentists."

In other words, in order for the province to qualify there will not have been any extra billing during that fiscal year. Then section 20 states that if "a province fails to comply with the conditions set out in section 18, there shall be deducted from the cash contribution to the province"—that is, they will deduct elsewhere from other transfer payments—"an amount that the minister, on the basis of information provided in accordance with the regulations, determines to have been charged through extra billing by medical practitioners or dentists in that fiscal year," etc. It goes on to talk about the minister estimating how much has been charged through extra billing.

Sections 18 and 20 demonstrate what happens when the federal government finds out a province has not been playing the game. It may have allowed extra billing. We may also be back to a situation such as that of the old order Mennonites. A province has allowed a gap in the provincial act that does not catch everyone and is not fully encompassing of the entire population.

For these reasons the bill should not proceed. It should not be given third reading.

There is what I will call a neat point in section 20 of the Canada Health Act. I suppose it is an aside in that section. The province does not need the permanence of Bill 94 to get this federal money.

Mr. Speaker, as a solicitor, you will remember that when people got behind in their taxes, a municipality could take action against the real property only when taxes were three years in arrears. There were various procedures under various acts specifying what a municipality could do: seize and sell, put liens on, etc. However, the time period was three years. You will remember that often when somebody was in rather dire straits, in the early part of year four or maybe at the end of December so that he was never quite three years in arrears, he would pay year one's taxes.

The ratepayer tried to go in to pay the first instalment of year one and pay nothing on the balance of year one and nothing on years two and three, but he was never quite three years in arrears. To get around that, municipalities started saying they would not accept less than the whole year's taxes.

This really is much the same under subsection 20(6) of the Canada Health Act, which is the main reason for Bill 94 being in existence. It is a refund to the province and it is on the same theory as the three-year payment of taxes.

Subsection 20(6) says, "Where, in any"—emphasis on the word "any"—"of the three fiscal years referred to in subsection 5..." Subsection 5 talks about separate accounting in public accounts and says, "Any amount deducted under subsections 1 and 2 from a cash contribution..." That is where they find they have not lived up to expectations and are withholding.

We now are in the middle of the third year of the present agreement with the federal government. It has withheld transfer payments pertaining to opted-out physicians, etc., for two years and we now are in the third year. Subsection 20(6) says, "Where, in any of the three fiscal years referred to in subsection 5, extra billing or user charges have, in the opinion of the minister"—the federal minister—"been eliminated in a province, the total amount deducted in respect of extra billing or user charges, as the case may be, shall be paid to the province." Where it says, "in any of the three fiscal years," one has to read, "any one of the three fiscal years." I think the members will agree with that construction.

This is the analogy with the arrears of taxes on real property. "Where, in any of the three fiscal years...extra billing...has been eliminated," i.e., in the last one, in the middle one, in the first, in any one, "the total amount deducted in respect of extra billing...as the case may be, shall be paid to the province."

It is strange but it means that all the province has to do is pay one year in three and it gets the money for all three years. Do away with extra billing and in one year you get all three years. Sign a one-year agreement. Work it along. If you ban extra billing in any one year, you get all three years. The way I read this is that by banning extra billing for one year on a one-year contract, you pick up the last three years' payments. Enter into an agreement only every third year and you will continually get the money from the federal government.

Under this system, Bill 94 could state that there will be no extra billing in year one, and it is a one-year agreement, and then away you go with extra billing in years two and three. Then there is another one-year agreement in year four, nothing in years five and six; you will get all six years—one year in three. I believe that because "where, in any" year, you get the total.

Hon. Mr. Sorbara: Would the member yield for a question?

Mr. Treleaven: Yes, for one question.

Hon. Mr. Sorbara: Earlier in the member's remarks he referred to doctors as small businessmen. I presume he meant small businessmen trading in the health of the people of this province. If I follow the tenor of his remarks, he now is suggesting a different mechanism to infuse, by way of transfer payments, an additional \$53 million, a way to get the money, perhaps for these small businessmen or perhaps just for the province. Is it the view of my friend the member for Oxford that the Canada Health Act and Bill 94 are simply economic measures or does he see in these bills some other, greater social objectives?

3:40 a.m.

Mr. Treleaven: Measures. I would not call them yardsticks. Perhaps the member is trying to refer to yardsticks. No; I am simply saying that Bill 94 is not necessary in its present form to get that money back. All it has to do is have an agreement that is effective one year out of every three to get back the money for all three years. Therefore, it is draconian. It is pushing on the doctors a three-year ban on extra billing when it needs to do only one year, according to my interpretation of section 20, the effective section of the Canada Health Act.

Mr. Shymko: Mr. Speaker, to follow on this, with your permission, I want to have some clarification from the member.

Mr. Treleaven: I will yield for one question.

Mr. Shymko: I just want some clarification. It is my understanding that the famous Erik Nielsen report, recently tabled in the House of Commons, makes reference to a review of the Canada Health Act as passed originally by the Honourable Monique Bégin and supported by the present government concerning certain criteria and arguments that may verge on the concerns we have just heard from the government side of the House.

The suggestion from Erik Nielsen in his report simply and very clearly asks the government to review the present policy of penalizing provinces

and—correct me if I am wrong—asks the government to review it. I wanted the members to clarify whether that review is—

Hon. Mr. Sorbara: On a point of order: My friend the member for High Park-Swansea (Mr. Shymko) asked the member for Oxford, who was making an argument, to yield the floor for a question. The member for Oxford kindly yielded the floor for a question. Now my friend from High Park-Swansea is standing up and making a speech about the Canada Health Act and Erik Nielsen. I simply ask you to rule him out of order.

The Acting Speaker: The point is well taken. I would ask the member for High Park-Swansea to get to his question.

Mr. Shymko: My question to my honourable colleague was for a clarification of the relationship of the Erik Nielsen report and its request of the present federal government to review its decision to penalize the provinces for allowing extra billing. He has specifically asked for a review. I want to know whether that review is being considered by the federal government, because it has a major impact on this bill, on the passage of this bill, on its implementation, on the effect the bill may have after its passage and on the possibility of the present federal policy being withdrawn or reviewed. Is my honourable colleague aware of that and can he answer my question on the relationship of the Erik Nielsen report to what we are doing here today?

Mr. Treleaven: I thank the member for High Park-Swansea for his question. In fairness, I am not familiar with the Erik Nielsen report. It may well be that it tries to straighten out the problems in subsection 20(6), where it is possible to ban extra billing for one year only and collect money for all three years.

Mr. Cordiano: On a point of order: I would like to ask a question.

Mr. Treleaven: I will yield the floor for one question.

Mr. Cordiano: Does the member for Oxford not feel that the requirement for natural bodily functions might overtake him at this time? I ask that on a personal note.

Mr. Treleaven: No. I went on a nonliquid diet at three o'clock yesterday afternoon and have taken very little liquid since then in contemplation of a concern such as the member has which might become a concern of mine. To forestall that, I have taken very little liquid.

Mr. Callahan: Did the member examine the flowers I sent him?

Mr. Treleaven: I am not sure about the flowers. Something might jump out and bite me.

On this question, this three-in-one, if I may call it that, the note I have puts it more succinctly than I have done. The bottom line is, if the province wants to get federal money, it must put machinery in Bill 94 to get the agreement of the doctors' and dentists' and optometrists' associations. We cannot leave it. The bottom line of section 12 of the Canada Health Act is that the agreement must be in place. It cannot be left loose in the hope that the OMA, etc., will enter an agreement next April. That is much more succinct than I had it before.

I am probably going to get into difficulty with my fellow members in the official opposition because I have to take issue with one of the amendments of the member for Lincoln. I believe it was his amendment. The bill previously stated that administration fees could be added on to any fine—

Mr. Epp: Mr. Speaker, I have one short question to ask of the member. Is it his intention to continue to speak in support of this bill for the next two or three hours?

Mr. Treleaven: No. While there are some things in it that a person could agree with, there are too many inconsistencies and irregularities, bad draftsmanship, that a thinking person should vote against on third reading. The bill should not proceed to third reading. I cannot support it, I cannot give it third reading and I am trying to list the many reasons why it should not proceed to third reading.

There was something in it which, although it was previously too loose, has now been trivialized by the member for Lincoln's amendment. If I can find that amendment in this new—

The Acting Speaker: May I remind the member that the amendment to which I believe he is referring was not passed and so is not part of the bill.

Mr. Treleaven: It is one that was passed. Under the original act, the administration fees could be added to the fine of the doctor if he was found to have extra billed. He was to be fined the amount he had overbilled, plus the administration costs necessary to fine him, try him, collect the money, etc. The amendment of the member for Lincoln put a cap of \$150 on the administration fees.

It is section 9 of Bill 94 as now stands, not quite reprinted, but almost. It says, "The Lieutenant Governor in Council may make a regulation prescribing the administrative charge for the purpose of subsection 4(2), such charges

not to exceed \$150." Subsection 4(2), you will remember, was where a person has made an unauthorized payment to a practitioner.

3:50 a.m.

By the way, this bill is badly flawed in the use of the word "person." There are umpteen uses of the word "person." In some cases it means the health practitioner, in other places, it means the patient and in yet others, the one-person panel of the Health Services Appeal Board.

Mr. Epp: It is always dealing with people.

Mr. Treleaven: It is always dealing with people. It is terribly flawed in that it does not define "person" consistently. It creates confusion and, I suspect—

Mr. Epp: On a point of order, Mr. Speaker, if you will let me indulge for a moment on the common usage of the word "person." We refer to engineers as persons; we refer to nurses as persons; we refer to doctors as persons. It is only natural that, in a bill that deals with such important subjects as health care, we would use the word "persons" in more than one context. I do not see anything unhealthy about that context.

Mr. Treleaven: For the sake of the member for Waterloo North, that was an aside that I will get to on the problems with the word "person." It was referred to in subsection 4(2) and that is what really got me to that specific issue which I do not want to discuss yet. That is down the road.

Mr. Epp: These are still your preliminary comments?

Mr. Treleaven: These are still my preliminary comments. I did not know when I was going to debate this, so I had to prepare for two, three, four, or five days. I had to prepare for any number of days.

Mr. Epp: The member is at day four now.

Mr. Treleaven: No, this is the first opportunity I have had and it is just two days. I may hardly get past my preliminary remarks on this. Were it to be five days, I am sure I would get down nearly to the end of my total remarks. This is third reading; it is on second reading where one can debate philosophy. One can go wild.

In subsection 4(2)—remember the new section 9 that caps the administrative charges at \$150—this is where a person—read patient—has paid an unauthorized payment to a practitioner and the general manager has paid the person, i.e. the general manager found out that there was an overpayment. The general manager paid out of his pocket or out of his pot, to the patient, the amount of the overpayment. This section says

that the practitioner—read doctor—is indebted to the plan for an amount equal to the overcharge amount that the general manager has paid to the patient plus "the administrative charge prescribed by the regulations."

Before, this was too loose; it was just wide-open. It could be any amount with no cap. The member for Lincoln was exercised and proposed this \$150 cap which was agreed to by the House. That was good to get rid of the looseness, the openendedness, the unlimited amount that a practitioner could be found liable for as an administration charge. Now it is \$150.

Subsection 8(2) in Bill 94 talks about having a private prosecutor: "When a prosecution is conducted by a private prosecutor"—I presume one must read "lawyer" there. If one is going to have a private prosecutor, I doubt it would be otherwise—"and the defendant"—read doctor—"is convicted,"—that is, of overcharging—"the court may determine the actual costs reasonably incurred in conducting the prosecution and, despite section 61 of the Provincial Offences Act"—which I have already dealt with in a preliminary way—"may order those costs to be paid by the defendant to the prosecutor."

We now know from the procedures of the Health Services Appeal Board that some of these cases go up to three years from the time the general manager finds something wrong with the practitioner's billing and it is three years later before the Health Services Appeal Board brings down its decision.

In those three years, they also bring in panels and there are examples of up to eight people in a panel with general managers. It is transcribed, so there are very expensive transcription services. I do know from ordering old transcripts in court that they are extremely expensive. Many years ago it was \$2 per page and I am sure it is way beyond that now. There are tremendous expenses—

I am sorry, Mr. Speaker, but the member for Waterloo North (Mr. Epp) was actually paying attention to what I was saying so I was looking at him in awe finding this really interesting. Either he and I are on the same wavelength—if so, he has problems—or he is asleep and just happened to be facing this way.

Under section 9, we have a cap of \$150 on the administration charge. Yet, if there is a three-day trial—I will call them trials; that is not unusual for these hearings under the Health Services Appeal Board.

One gets an outside, private prosecutor—that is, a nongovernmental private prosecutor—and

one is going to pay \$1,000 per day, including preparation time. There will be a minimum of \$3,000 in his fees. Then one adds in the expenses of a panel of eight—it could be three and it could be eight; they vary here and I cannot find any rhyme or reason for why it is three, eight, five or six on various panels. I have conservatively estimated that it could well be \$5,000 in costs. The way bureaucrats run things up, it could be more.

It is a three-day trial, in essence, for \$5,000 with a cap of \$150. Who picks up the difference? It is the taxpayer, who pays \$4,850. That is why I am a little critical even though a member of my own party—the official opposition—moved the amendment. It was passed in the House but I have to be a little critical of that because, as I say, the taxpayer pays the other \$4,850.

It is unfair, especially if it is a Mickey-Mouse offence of \$10, \$15, or \$25 that is overbilled by accident, or whatever, and we are into huge expenses simply because of this cap and the taxpayer has to pick up the difference. This should be amended and the amount raised.

When it was passed as an amendment, it was called subsection 4b(1) but I am not sure what it is now. It is amending subsection 8(1) of the Health Insurance Act. I had better go back to Hansard. I cannot get it from the newly numbered sections. I am having trouble with the renumbering. It is most frustrating when it has all been renumbered.

4 a.m.

It is probably subsection 5(1). Subsection 4b(1) amends subsection 8(1) of the Health Insurance Act. Here is where you have several panels. It is an obvious problem and something has to be amended.

You will remember I talked before about the problem of the minister referring to a panel being a single person. Yet, the Health Insurance Act sets forth that the Health Services Appeal Board will have a quorum of three which means there can be no more than three people in a panel. To make it worse, the newly amended Bill 94 sets forth this single person constituting a quorum and the minister referred to it time after time. It certainly is in the amendment. It is a long amendment—

Mr. Martel: On a point of order: I know the silly hour has run on for a long time and I have listened to the drivel for a considerable period of time and I have reflected upon what Mr. Speaker said earlier about his having ruled. Since I last discussed with Mr. Speaker about what was going on in third reading, little substance has

been added, or little in dealing with what a third reading is supposed to be about.

I know that Mr. Speaker has looked at what a third reading is supposed to be about. May I refresh your memory, sir, that the purpose of the third reading is to review a bill. It says here that when debate takes place it is confined strictly to the content of the bill. Further in Erskine May it says, "Debate on third reading, however, is more restricted."

I draw your attention to the word "restricted." This means more restricted than at an earlier stage. Quite frankly, sir, this member has gone through this bill clause by clause.

Either Erskine May is wrong or your ruling is wrong or I do not understand what Erskine May is saying. Perhaps you can help me and tell me how it is that I am misinterpreting what the parliamentary procedures are under Erskine May. If this is a restricted debate on third reading, I would hate to see what a wide-open debate is. We would deal with it word by word then, I suppose. We are dealing clause by clause, which is not the purpose of third reading.

I would ask you, after a couple of hours of drivel, to suggest to my friend that he deal with the principle of the bill and not clause by clause.

Hon. Mr. Sorbara: On the point raised by my friend the member for Sudbury East (Mr. Martel)—

Mr. Cousens: Oh, the member is friends with Elie?

Hon. Mr. Sorbara: I am friends with Elie and friends with the member. He knows that. I do not discriminate among members of the opposition.

On the point raised by my friend from Sudbury East, Mr. Speaker, I ask you to consider that there was a time when the member for Oxford (Mr. Treleaven) talked about principles. Frankly, over the past half hour he has done little but quote and cross reference sections of statutes of this province. When he is not quoting sections he is busily searching through his papers to find the right section he wants to quote. Frankly, I am now beginning to agree with my friend the member for Sudbury East that the member for Oxford is going a little too far. Given your rulings over the course of the past three hours, Mr. Speaker, you are likely to rule that the member for Oxford is in order.

I ask the member for Oxford to consider. He sat in the chair as chairman of committee of the whole House and listened to 26 hours of clause-by-clause debate. I would ask him, in the event that he is ruled in order, to spend a little time differentiating for us here—we who are now

sitting at 4:05 a.m. What is different between what went on in those 26 hours and what he is doing here? It seems to me that there is no way one can differentiate between what went on in committee of the whole House and what he is doing.

Mr. Speaker, I ask you simply to direct the member for Oxford to comply with the view of Erskine May of what third reading is all about.

The Acting Speaker (Mr. Morin): In my humble opinion, the principles were discussed in second reading. In third reading—again, in my humble opinion—the member for Oxford has discussed the contents. However, he does stray. He should make sure he sticks to the debate.

Mr. Martel: I would like to know which debate you are talking about, Mr. Speaker, because he has talked about everything else but the bill.

The Acting Speaker: I have just reminded the member for Oxford to relate strictly to Bill 94.

Mr. Treleven: Thank you, Mr. Speaker. That is exactly in order and quite correct. I cannot deal with the principle of the bill. That was decided on second reading. This is third reading.

Mr. Martel: The member cannot do it clause by clause, either.

Mr. Treleven: No, I am not doing it clause by clause. This is the examination of the bill as it now exists, as amended. It does not have six sections, as my friend the member for Sudbury East has said. As reprinted, it has 12 sections, and therein lies part of my problem in trying to get the amendments in a sort of reprinted form—with a certain amount of handwriting, which is the best there is in this House.

It has not been reprinted in Orders and Notices. Therefore, I must read about the amendments partly from Hansard and partly from this. It has 12 sections, which are all renumbered, and it is difficult to follow.

The Acting Speaker: I must remind the member that I will bring him back in line quickly if he strays.

Mr. Treleven: Thank you.

Mr. Martel: On a point of privilege: Again, my friend is wrong. It was my colleague, the member for Windsor-Riverside (Mr. D. S. Cooke), who said there were six sections, not me. I wish he would withdraw.

Mr. D. S. Cooke: I am definitely wrong.

Mr. Treleven: I am not sure. I think I hear the member for Windsor-Riverside recounting.

Mr. D. S. Cooke: I was looking at the original bill.

Mr. Treleven: Yes.

Mr. Martel: I will tell the member: there were only six sections, and the member is wrong again.

Mr. Treleven: I thank the member.

The Acting Speaker: In my opinion, there were no words that were offensive.

Mr. Martel: On a point of privilege: He said I indicated that there were six sections to this bill. I did not. I would not say he was misleading the House, but it is pretty close when he says I said there were six sections, and there are 12.

Since I did not say it, it is highly irresponsible of the member to make that accusation.

The Acting Speaker: The member for Oxford will make his correction.

Mr. Treleven: Correct. If the member for Sudbury East did not say there were six sections, it was someone who looked and sounded like the member for Sudbury East. I certainly would withdraw that he was mistaken, and that he could not tell the difference between six and 12.

4:10 a.m.

It was not subsection 4b(1). It was subsection 3b(1), and therein lies the problem with this renumbering. It is difficult to keep one's train of thought with the member for Sudbury East interrupting.

Mr. Martel: The member has difficulty without anyone interrupting.

Mr. Treleven: I will go back. The subsection 3b(1) amendment of Bill 94 amends subsection 8(1) of the Health Insurance Act. There is a problem here. It refers to a singular member. Let us go to the subsection 3b(3) amendment, "The chairman of the board may from time to time appoint a member of the board to conduct a review under this act," meaning that is a single-person board. Yet, in the Health Insurance Act, subsection 8(2) states: "One member of the appeal board shall be designated as appeal board chairman and another member of the board shall be designated as vice-chairman by the Lieutenant Governor in Council." Then it goes on to say that a quorum is three, etc. The ambiguity is subsection 8(4) of the Health Insurance Act, which states: "The decision of the majority of the members of the appeal board present and constituting a quorum is the decision of the board, but, if there is no majority, the decision of the appeal board chairman or vice-chairman governs."

Here is the problem. If we have a single-member board under Bill 94, we have one man, one woman or one person in the appeal board set forth in Bill 94. At the same time we have in the Health Insurance Act the vice-chairman or chairman breaking a tie, in essence. How can it be? It means that the vice-chairman has never sat on that board. It is ridiculous.

The Acting Speaker: Order. The member is discussing the principle again.

Mr. Treleaven: Am I?

The Acting Speaker: Yes.

Mr. Treleaven: The principle of the bill?

The Acting Speaker: Yes, and that was done in second reading.

Mr. Treleaven: I was discussing ambiguity in Bill 94.

The Acting Speaker: The member should be very brief and discuss why it should not be given third reading.

Mr. Treleaven: It should not be.

The Acting Speaker: Discuss that and let us know about it.

Mr. Treleaven: Third reading should not be proceeded with because Bill 94, the section 3b amendment, subsections 1 to 7 inclusive, are inconsistent with and in opposition, in many ways, to section 8 of the Health Insurance Act, which sets out the rules and regulations of the Health Services Appeal Board. Therefore, Bill 94 is incorrect, improperly drawn, ambiguous and it should not be proceeded with to third reading. It needs further amendment. It requires that we go back and change it. In no way should it go through third reading.

There is another problem. The decisions of the Health Services Appeal Board are not always yes or no, black or white. Very often they deal with, for example, whether a doctor did overbill or not. That is clean and tidy, sort of guilty or not guilty. In the act, it is all right to have a tie, but some of these cases do not say yes or no. Some of them take an example where they wish to decrease or increase an amount, so it is not yes or no. Therefore, these are improper. Again, section 8 of the Health Insurance Act and the section 3b amendment of Bill 94 are in conflict with each other because they only provide for a tie—yes or no, black or white—but not for any third type of decision.

I would like to refer members to a decision of the Health Services Appeal Board on April 24 and 25, 1984, with seven people on the panel. It is a hearing under clause 26(1)(d) of the Health

Insurance Act between Gordon Bissessar, MD, the appellant, and both the general manager of the Ontario health insurance plan and the medical review committee of the College of Physicians and Surgeons of Ontario, respondents. They gave the final decision and reason.

This is a case that started in 1981. Almost three years later, it came to a decision. This board took nearly three years after the general manager had already found Dr. Bissessar guilty.

The recommendation of the medical review committee, which was the first tribunal, was that "The general manager should recover from the individual appellant 15 per cent of all accounts submitted for services of individual psychotherapy for the period January 1, 1977 to February 28, 1979." The committee said that the general manager should recover 15 per cent.

This appeal was taken to the Health Services Appeal Board on January 1, 1977. The decision was actually dated May 22, 1984. Members should look at the length of time this took. It was far longer than the two years the member for Lincoln was talking about. The member for Wentworth North said the time in which decisions were made was improving.

The Minister for Skills Development (Mr. Sorbara) would never have anything to do with a tribunal that took years to come to a decision; I am sure of that. That is why this Health Services Appeal Board looks like real trouble, even though the minister has amended Bill 94 to provide for more people to serve on panels.

In the conclusion, the committee was dealing with this 15 per cent, and whether the general manager should deduct or hold back 15 per cent of all the billings of this doctor for a two-year period. It stated: "Having found that the appellant failed to meet professional standards required by the pertinent regulations"—and so on—"the board must turn its attention to how much of the public funds paid to Dr. Bissessar should be recovered. Counsel on behalf of Dr. Bissessar argued that the figure claimed was arbitrary." It goes on to say that 15 per cent was acceptable.

I am reading from the decision: "In view of the evidence before this board as to the total inadequacy of Dr. Bissessar's records, the board was tempted to increase the amount to be recovered by the general manager. The board found, however, that the evidence of the medical review committee was persuasive on this point. In these circumstances, we will not disturb the 15 per cent recovery."

There is the point. It is not yes or no, black or white, 15 per cent or not. In this case, they were tempted, and could have increased the percentage. They could have decided on 20 or 10 per cent, so there is no yes or no, black or white. We have a situation that is not a tie.

As I stated before, in the case of a tie, the chairman and the vice-chairman must vote to break it, but what happens when the decision is not a tie? What happens if it is simply an increase, and the board is all over the place? One says, "Increase it to 20 per cent," a couple say, "Increase it to 23 per cent," and some others say, "Leave it at 15 per cent."

Mr. Charlton: Average it out.

4:20 a.m.

Mr. Treleven: Right. That is fine. One does not have a tie. However, Bill 94 should set forth the formula, the machinery, for breaking the tie or averaging out.

My friend, the member for Hamilton Mountain (Mr. Charlton), has an excellent idea. Put in the machinery on how to break the tie and average it out. That is an excellent idea. It is too bad the member for Hamilton Mountain did not move that amendment when Bill 94 was at that point.

That is another reason Bill 94 should not proceed to third reading.

We have confusion on the quorum in subsection 3b(3) amendment. We need more amendments and clarification as to what the panel is. I have referred briefly to the confusion between one-man panels, three-person panels or nine-person panels. Which procedures are to be followed? We have two conflicting procedures. Bill 94 creates this confusion. Things were fine under section 8 of the Health Insurance Act. At the suggestion of the member for York Mills, the minister amended subsection 8(1) and deleted subsection 4b(1) which I have marked here. Of course, that is not the correct numbering under the semi-reprinted bill. Again, there is confusion on the number. I have it marked as subsection 4b(1). Let us assume it was subsection 4b(1) when the amendment to Bill 94 was passed.

Subsection 8(1) of the Health Insurance Act, dealing with and setting out the rules of the Health Services Appeal Board, states: "The Health Services Appeal Board is continued and shall be composed of not fewer than five and not more than nine members, of whom not more than three shall be physicians, who shall be appointed by the Lieutenant Governor in Council."

The amendment increased the number. It took off the nine at the top. However, section 8 still

goes ahead. The new section 10 under the reprinted bill—Mr. Speaker, I do not know if you have a copy in front of you, but I imagine you are having as much difficulty as I am in following these sections.

Section 10 says: "Subsection 8(1) of the Health Insurance Act, being chapter 197 of the Revised Statutes of Ontario 1980, is amended by striking out 'and not more than nine' in the second and third lines." That is section 10 of Bill 94. It takes that out. It is open-ended. It is unlimited. However, we have this procedure in section 8 of the Health Insurance Act. It sets out nicely that there will be a chairman, a vice-chairman and a quorum of three. The decision of the majority of the board "present and constituting a quorum is the decision of the board, but, if there is no majority, the decision of the appeal board chairman or vice-chairman governs." In other words, either the chairman or vice-chairman must be present. We have this nice, neat set of rules for the Health Services Appeal Board.

It goes on, "No member of the appeal board shall be employed in the service of Ontario or any agency of the crown," and so on. The appeal board reports to the assembly annually through cabinet, etc.

It was nice and neat until Bill 94 came along and set out this single-member procedure. Now, we cannot have a single-member panel that also has on it a chairman or vice-chairman who is present. Bill 94 messes up instead of improving or assisting section 8 of the Health Insurance Act, which governs the Health Services Appeal Board. The minister did not deal with this apparent conflict. Additional clarification is needed on Bill 94 to clarify how many people are going to be on these panels. That is an excellent reason for Bill 94 not proceeding to third reading and being voted against.

Mr. Warner: On a point of order: Unfortunately, the member for Oxford is confused. The number was specified in the amendment which was placed, and agreed to, by the House. Will the member for Oxford reflect upon the amendment that was placed, thus amending the section to which he takes objection and noting, of course, that if it is amended as agreed to by the House, he has negated his own argument?

The Acting Speaker: Order. Is this a question or a point of order?

Mr. Warner: It is a point of order.

The Acting Speaker: It is not a point of order.

An hon. member: It is a point of confusion.

Mr. Warner: It is a point of confusion for the member for Oxford.

The Acting Speaker: Is the member asking a question of the member for Oxford?

Mr. Warner: Yes. I am asking whether the member for Oxford has taken into account an amendment placed to the section which then specified the number of individuals who would serve on the panel.

The Acting Speaker: Does the member for Oxford wish to reply to his question?

Mr. Treleaven: Yes, I will, Mr. Speaker. Perhaps an hour or so ago I said I recollected being in this chamber when the question-and-answer discussion went on between the minister and the member for York Mills. I thought there were suggestions of 30 or 36, or some specific open-ended number from nine up to 36. I believe my friend is referring to section 10 of Bill 94.

Mr. Warner: There is no section 10.

Mr. Treleaven: Yes, in the reprint. Mr. Speaker, there is an example of why I have difficulty getting the sections. It is section 10 in the reprinted bill.

Mr. Warner: Oh, the reprinted one.

Mr. Treleaven: That is correct. It removes the cap. It strikes out the words "and not more than nine," so that the total board is open-ended. There can be as many as the minister wishes. I am stating how many are on a panel for the hearings. That is section 5, which used to be subsection 4b as it came through. It is now section 5 under Bill 94. That is the place where it talks about a member.

Subsection 5(3) in the reprinted bill reads, "The chairman of the board may from time to time appoint a member of the board to conduct a review under this act." Here is the confusion. It says "a member" here, but section 8 of the Health Insurance Act—which already sets up a nice, neat set of rules for the Health Services Appeal Board—says there is a quorum of three. Sometimes there have been as many as seven or eight sitting in the past. How can there be a panel of one when the quorum is three? That is the question.

I notice the puzzlement on the face of the member for Scarborough-Ellesmere (Mr. Warner). He must agree with me.

Mr. Warner: Mr. Speaker, on a point of order, if the member for Oxford will permit a question.

Mr. Treleaven: Yes, I will permit one.

Mr. Warner: Will the member for Oxford distinguish the difference between the number of persons appointed to a panel on a regional basis and on a provincial basis, vis-à-vis whether it should be three or more per region, or a larger number for the entire province? Will the member elaborate?

4:30 a.m.

Mr. Treleaven: Herein lies the problem. I do not have the answers. I can see the problems Bill 94 creates. We have a board, the Ontario Municipal Board, for example.

Mr. Warner: Go back to section 8.

Mr. Treleaven: Section 8: This is the section of the Health Insurance Act that sets out the nice, neat formula and set of rules for the Health Services Appeal Board. It states that the quorum is three and that these people have to be present. It also states that if there is a tie or no majority, the decision of the chairman or vice-chairman governs. Therefore, under the old set of rules in section 8 of the Health Insurance Act, the chairman or vice-chairman must be on every panel. How can we have a quorum of three if this new section 5 of Bill 94 states that a review may be conducted by only one?

Subsection 5(1) states, "A practitioner is entitled to a review of the issue of whether the practitioner has received an unauthorized payment if within 15 days after receiving the notice under subsection 4(4) the practitioner mails or delivers to the general manager written notice requesting a review." That is the appeal procedure.

It goes on to say in subsection 5(2) that the general manager shall refer it to the chairman of the board. Subsection 5(3) says, "The chairman of the board may from time to time appoint a member of the board to conduct a review." It is like the Ontario Municipal Board, which may have 15, 20 or 25 different members.

Mr. Warner: I have a question for the member for Oxford. Is what he is saying not in conflict with the powers and procedure act?

Mr. Treleaven: Did I hear the member refer to the Statutory Powers Procedure Act?

Mr. Warner: That is correct.

Mr. Treleaven: I just happen to have the Statutory Powers Procedure Act with me. Clause 1(1)(e) defines "tribunal" as meaning "one or more persons." It is wide open. It does not have a quorum of three. Section 1 defines "committee," which means the statutory powers procedure

rules committee, and it defines "tribunal," but it does not have that set of rules.

Mr. Warner: The Statutory Powers Procedure Act specifies that there must be a quorum of at least three.

Mr. Treleaven: He may well be—

The Acting Speaker (Mr. Morin): Order. I remind the member for Oxford to come back to the topic and to state the reasons the bill should not be read a third time.

Mr. Treleaven: Mr. Speaker, the member for Scarborough-Ellesmere asked me a question. Should I not answer it?

The Acting Speaker: There should not be questions and answers back and forth as on second reading. Come back to Bill 94.

Mr. Treleaven: That is fine. I must state that on a quorum basis, Bill 94 should not be proceeded with because it creates confusion and contradicts section 8 of the Health Insurance Act, which states the rules of the Health Services Appeal Board. That section of the bill should be set aside, or since it cannot be set aside at this point in third reading, the bill should not be proceeded with. It should not be given third reading. It should be voted against.

Mr. Warner: On a point of order, Mr. Speaker: Perhaps I can be permitted a question of the member for Oxford.

Mr. Treleaven: Yes, I will yield for one question.

Mr. Warner: Is the member now deciding that he should run counter to the Statutory Powers Procedure Act?

Mr. Treleaven: Will the member repeat that question?

Mr. Warner: The member is suggesting that what he is proposing would be contrary to the Statutory Powers Procedure Act, that as a lawyer he is suggesting that. I ask that he reflect soberly that the Statutory Powers Procedure Act has power and precedence over what he is suggesting, that there would be only a so-called tribunal. There is a contradiction in terms; a tribunal is three.

Mr. Cousens: Does it have to be?

Mr. Warner: Tribunal; he is suggesting that it be fewer than three.

An hon. member: That is Latin.

The Acting Speaker: Order. The member for Oxford.

Mr. Treleaven: I can only go back to subsection 5(3) of Bill 94 where that bill

contradicts the Health Insurance Act and the provisions of the Health Services Appeal Board under the Health Insurance Act wherein it says, "The chairman of the board may from time to time appoint a member of the board to conduct a review under this act." It says a "member"; it does not say "numerous members." That is like the Ontario Municipal Board. Sometimes there are three members, two members or one member sitting on a—

Hon. Mr. Sorbara: On a point of order, Mr. Speaker: We have degenerated a little into a legal debate that perhaps ought more appropriately to take place in a courtroom than in a legislative assembly. I have listened for three and a half hours now and this is the poorest rendition of Mr. Smith Goes to Washington that I could ever imagine. The member has on a number of occasions now—

Mr. Warner: He thinks he is James Stewart.

Hon. Mr. Sorbara: Does the member think he does?

Mr. Warner: Yes, he does. He thinks he is James Stewart.

The Acting Speaker: Will you speak to your point of order. What is your point of order?

Hon. Mr. Sorbara: My point is very simple. This is being televised. This is an embarrassment in the whole of Oxford county. Pity the poor people who are staying up for late-night television and who are really concerned about this bill. Mr. Speaker, you now have, on four occasions if I have been keeping track, directed the member for Oxford to state succinctly why he thinks Bill 30—I mean Bill 94—ought not to pass.

An hon. member: Bill 30?

Hon. Mr. Sorbara: We will deal with Bill 30 at another time. It is very late.

I can imagine, Mr. Speaker, that your patience is being tried as my patience is being tried. I now know the member views doctors as businessmen who trade in the health of the population. He made that clear. I am not sure whether all the opposition members in the Conservative Party agree with that, but he has made that point clear.

I am afraid that when the member for Oxford rises to his feet again—I see him shuffling paper there, organizing his notes as if he were prepared to argue a very fine point in front of the Supreme Court of Canada. I think it is section 8, but it may be section 3b. On a point of order, I ask you to direct him again and to move him with your great authority to speak to third reading of this bill, which you have very appropriately defined for him, and at some point call him to order if he

persists in shuffling papers, quoting sections and reading cases.

The Acting Speaker: Thank you for your point of view.

Mr. Shymko: On a point of order, Mr. Speaker: The member for York North (Mr. Sorbara) talks about testing the patience of the honourable members, but time and again he gets up and interrupts the most eloquent debate ever heard in this chamber.

The Acting Speaker: That is not a point of order.

Mr. Shymko: Constant interruptions of the nature I have been hearing are unacceptable.

The Acting Speaker: That is not a point of order. Please resume your seat.

Mr. Shymko: Because of these interruptions—

The Acting Speaker: Please resume your seat. The member for Hamilton Mountain.

4:40 a.m.

Mr. Charlton: Mr. Speaker, I rise on the point of order raised by the honourable member. Subsection 4(3) of the bill says, "The general manager may recover," but the member for Oxford should understand that there is no provision in this bill for the members of the House to recover.

The Acting Speaker: The member for Oxford will please keep in mind the remarks I have previously made.

Mr. Treleaven: Certainly, Mr. Speaker.

We get into an extremely bad area in section 7. Section 3d of the original bill was an amendment by the minister and is now section 7 in the new, reprinted, 12-section Bill 94. It is a jerry-built bill. The members know the old saying about a camel being a horse built by a committee. Bill 94 is a camel built by the committee of the whole House. It enters into the world of freedom of access, but it breaks the rules of Bill 34, the Freedom of Information and Protection of Privacy Act.

It enters into the world of inspection and seizure, but it breaks all the common law rules, the Statutory Powers Procedure Act, etc. It breaks into the commercial services area. That was the amendment of the member for Windsor-Riverside, originally subsection 2(2), which carried. It breaks into that and that is where it discriminates against the doctors in not even permitting them to accept money until they get notice.

Mr. Warner: No, not at all.

The Acting Speaker: Order. Will the member for Scarborough-Ellesmere keep his remarks—

Mr. Warner: I am sorry, Mr. Speaker, but the remarks of the member for Oxford—

The Acting Speaker: Order. Please resume your seat.

Mr. Treleaven: Section 3d of Bill 94, which is now renumbered section 7, refers on the side to "disclosure of information," and begins, "despite subsection 44(1) of the Health Insurance Act." There was a double negative. Subsection 44(1) talks about information that is confidential. As an example of how jerry-built this Bill 94 is, the members will remember that subsection 4b(2), the minister's amendment, added the words "the Health Care Accessibility Act, 1986" to the first line of clause 44(2)(a) of the Health Insurance Act. He had a double negative. He then took it out. He amended it. He moved it out.

That shows how bad the draftsmanship was; he had to delete his own—The members will remember the confab in the committee of the whole House over whether the vote was on section 4a alone or whether it included 4b. When it got back to 4b(1) and 4b(2), when the dust settled and it was decided by unanimous consent that the vote had been only on 4a and we would now deal with 4b—that is, 4b(1) and 4b(2)—the minister then withdrew 4b(2), at which late point he discovered the poor draftsmanship. At that point, after all the debate had been gone through and there was a vote on it, he discovered he had a double negative. He says, "despite subsection 44(1)," and then he adds an exception. He has two exceptions.

That is poor draftsmanship. That is the camel we have. Bill 94 is a camel and that is evidence of it, but I will not pursue it because we must deal with the bill as it now is in front of us, as amended, and why it should not proceed to third reading. Two exceptions are a double negative.

Mr. Charlton: Two exceptions make a rule.

Mr. Treleaven: That is correct and he wanted one negative. That is the camel and he just chopped off one hump. That shows what bad draftsmanship it was.

Section 3d, which is section 7 of the newly reprinted Bill 94, has a number of problems. If one compares section 3d, it gets into freedom of information provisions and conflicts with Bill 34, the Freedom of Information and Protection of Privacy Act. It reads, "despite subsection 44(1) of the Health Insurance Act, the general manager and each person engaged in the administration of this act." That was amended to say "the general

manager, the minister and one other person engaged in the administration of this act...may furnish to." There is a list of people to whom "the general manager, the minister and one other person designated in writing by the minister" may furnish confidential information.

Clause (a) reads "to a member of the board." They can furnish this confidential information to a member of the board. That is fair enough. They are talking about the Health Services Appeal Board.

Clause (b) reads "the person to whom insured services were rendered or where a person other than the person to whom the insured services were rendered was charged for those services, the person who was so charged."

I talked before about the confusion of the word "person" without a definition. There is no definition of the word "person." Listen to that clause. It says "the general manager, the minister and one other person...designated in writing by the minister may furnish to...the person to whom insured services"

Hon. Mr. Sorbara: On a point of order, Mr. Speaker: We will get back to Mr. Smith Goes to Washington after this point of order. We have a new speaker. I wonder, Mr. Speaker, what your views are on whether our friend the member for Oxford is complying with the directions he has received repeatedly during the night. I hear sections quoted. I have heard Speakers rule that he must confine himself to brief remarks about why Bill 94 ought not to pass. Now we are into our fourth hour. I feel a great deal of sympathy for those people in Oxford who are listening and wondering tonight what their representatives do.

Mr. Cousens: What about us?

Hon. Mr. Sorbara: I see that his colleagues—

The Acting Speaker (Mr. Polsinelli): Order. The member for York North again raises an interesting point of view. Please continue.

Hon. Mr. Sorbara: It is a point of order. I am asking you to rule on it.

Mr. D. W. Smith: I have listened to this gentleman now for four hours and he keeps referring to camels in Oxford.

The Acting Speaker: Order. Will the member take his seat, please. This matter has been ruled on a number of times already this evening.

Mr. Treleaven: I am giving the reason this bill should not be proceeded with, why on third reading all members should vote against Bill 94. I am showing the confusion. There is no definition of the word "person." Listen to this. These are persons who can be given under Bill 94

confidential patients' information. One is "a member of the board." That is fair enough.

4:50 a.m.

Mr. Callahan: On a point of order, Mr. Speaker: With all due respect to my friend the member for Oxford, the reason he got to speak was that the Attorney General had indicated he could speak before the rotation. The next speaker should have been a member of the New Democratic Party.

The Acting Speaker: Order. Will the member take his seat, please. I was here when that occurred. The Speaker at the time asked whether there were any other speakers and the member for Oxford was the only one to stand.

Mr. Callahan: With the greatest respect—

The Acting Speaker: Order. Will the member take his seat, please.

Mrs. Marland: Will the member for Oxford yield the floor for a question?

Mr. Treleaven: I yield for one question.

Mrs. Marland: As this day dawns at 4:51 a.m., on one of the darkest days in the history of health care and the history of the medical profession in this province, I ask the member how much longer he is going to speak.

Mr. Treleaven: That is easy, the equivalent of two days. Since most days we start at approximately 3:30 p.m. until 6:30 p.m., that would be three hours times two, which is six hours.

Mr. Callahan: There has to be a ruling here about being a hog.

The Acting Speaker: That is another interesting point of view.

Mr. Treleaven: To go back to the definition of the word "person." There is only about another two and a half hours. I should be through my preliminary comments by then.

Let us go to clause 3d(b) which now is—

Hon. Mr. Curling: On a point of order, Mr. Speaker: The member is going back to clause-by-clause. I thought we were talking about the principle. He is quoting a certain section when he should be talking about the principle of the bill.

Mr. Treleaven: It is improper to speak on the principle of the bill on third reading. That can only be spoken to on second reading. On third reading, one must stay much closer to the bill than on second reading and state why third reading should not be given or why one should not vote for the bill on third reading. This bill should not be voted for on third reading. It should not proceed. That is what the debate is about. It must be about the bill as it now—

Interjection.

Mr. Treleven: Yes, as it now stands, as amended, as it now is semi-reprinted.

Mr. Callahan: On a point of order, Mr. Speaker: I direct your attention to standing order 19(2) that the speaker must direct his speech to the question under discussion. That is what my friend the member for Sudbury East was trying to say to the former Speakers who failed to recognize it. What he was doing was addressing clause-by-clause, which is what goes on before—excuse me; do not stand up yet, Mr. Speaker.

The Acting Speaker: Will the member please take his seat. This matter has been brought up as a point of order at least half a dozen times this evening. I ask the members of this assembly please to maintain some decorum. It is 4:55 a.m. and I understand that at this time it may be a little difficult. However, I rule that the member is confining himself within the general terms of the bill sufficient for him to continue.

Mr. Treleven: That is quite correct. I am within the bill and at all times I am addressing Bill 94.

I want to get back to section 3d(b), which is now section 7 of the semi-reprinted bill, "disclosure of information." These are persons to whom confidential information can be given by "the general manager, the minister and one other person...designated in writing by the minister. Section 3d(b) states, "The person to whom insured services were rendered"—one must assume that is the patient—"or where a person other than the person to whom the insured services were rendered was charged for those services."

That is somebody else. The second person is a different person than the first person in that clause, as wild as that sounds. Then, in the last line, it says "the person who was so charged." That third person is the same person as the second person and not the same person as the first person. We need definitions. We do not need things like this.

Mr. Callahan: On a point of order, Mr. Speaker: I refer to standing order 19(1). The member has spoken twice to a question and he is not entitled to do that "except in explanation of a material part of his speech in which he may have been misunderstood"—he has not been misunderstood; although I do not know what he has said thus far—"in which case he may not introduce new matter." I suggest that he has done that and is out of order.

The Acting Speaker: Speaking twice to a question is speaking two separate times in a

debate on the same matter. Will the member please take his seat. This matter has been brought up to the chair at least six, seven—this is the eighth time this evening. Please let the member continue.

Mr. Warner: On a point of order, Mr. Speaker: I want to hear the words of the member for Oxford because there is possibly a kernel of truth even when one cracks a nut. I specifically ask whether the member for Oxford will permit a question. I think, contrary to the member for Brampton, that the member for Oxford is entirely on the point. He has the right and the opportunity to speak as he will on the issue. I ask the member for Oxford which definition he is using when he attempts to define "person."

The Acting Speaker: That is definitely not a point of order. It may be interpreted as a question and when the member for Oxford returns to speak, as he will shortly, he may want to address your point and your question.

5 a.m.

Mr. Treleven: It is confusing and that is the whole point of my objection to Bill 94. It needs amendment. It should not be proceeded with to third reading. It should be voted against because of confusion over the word "person." There are no more than 35 words in clause 7(b), and "person" is used four times with two different meanings. It should be defined. That is why the bill should not be proceeded with.

One can work one's way through this, but there is then another thing that is even worse. If I can paraphrase by stopping at the right time, I can show what I mean using the phrase "person who was so charged." We should remember that when this was moved as an amendment—as section 3d; it is now section 7 of Bill 94—it read, "the person"—this is, the person who may receive confidential patient information—"to whom insured services were rendered." Fine. That is the patient himself or herself.

It continued, "or where a person other than the person to whom the insured services were rendered"—that is, a person other than the patient—"was charged for those services, the person who was so charged." In other words, where somebody else paid for or was charged for the insured services, that other person would get the information.

What, then, does the word "charged" mean? If someone pays his own Ontario health insurance plan premium, that person is the patient, and under clause 7(b), information may be released to him. Where somebody else pays the OHIP

premium, the information goes to the person who is charged and not to the patient.

Who is charged? Is it an employer? If one is an employee, is it the employer who is charged for the insured services? If so, the information does not go to the patient; it goes to the employer. That is wrong. We need a definition for the word "person" and we need a definition for "charged." They could mean several things. The patient might be denied access under this section and the health information could go to someone else because that other person was charged for the services. It could be an employer who is charged; that is one possible meaning. These are the problems.

Mr. Charlton: On a point of order, Mr. Speaker: I regret to inform the House that the cable network has taken the program off the air.

The Acting Speaker: Another point of information.

Mr. Treleaven: There are very few people in Oxford with cable television, in any event.

Hon. Mr. Sorbara: On a point of order, Mr. Speaker: It would be a good idea if Mr. Smith did go to Washington. I am not sure he would fare very well there.

Mr. Speaker, I refer you to standing order 19(d)3. This is the first time I have done this, but I think it is important and would like to hear your view and the views of other members on it. The standing order says, "Persists in needless repetition or raises matters that have been decided during the current session."

If we are not hearing it this evening—now, at 5:04 a.m., with probably the beginning of a beautiful sunrise—to refer to the point the member for Mississauga South (Mrs. Marland) raised, in her view we are seeing the saddest day in the history of public health in this province. I disagree with her categorically and I am waiting to hear the real views of the member for Oxford.

However, at this point I would like to hear your views on the point of order, Mr. Speaker, about whether this evening, during the past three and a half hours, we have not heard needless repetition.

The Acting Speaker: It appears that the point of order raised by the member for York North does seem to have some substance to it, as did the points of order that were raised previously dealing with the same matter.

I ask that the member for Oxford restrict himself more closely to the bill and refrain from introducing extraneous matters or other matters that do not have anything to do with the bill or

with the principles. That was already decided in second reading.

Mr. Treleaven: I am right on clause 7(b) of Bill 94. How can I be more on the bill than on clause 7(b) of the bill?

Mr. Warner: Right on.

Mr. Treleaven: I welcome the support of the member for Scarborough-Ellesmere, just as I used to enjoy the support of his predecessor. It seems to be a friendly riding that supports everyone.

What does the word "charged" mean in clause 7(b)? I am quite serious. Does it mean that if an employer pays an employee's OHIP premium, he is the person charged? What about people on Workers' Compensation Board benefits? People on WCB benefits, family benefits, children on their parents' OHIP until the age of 21, and perhaps at college, or senior citizens in nursing homes, etc., do not pay their own OHIP; they are not charged for their own OHIP. Somebody else is charged for these services and, under clause 7(b), that other person gets the confidential information on the health files, not the patient himself.

Who is charged? There are two sections. The person to whom the insured services were rendered is the patient. The other says that where the patient does not pay his own, it is the person who is charged. I am saying that there is no definition of the word "charged." There is no indication of who is meant.

As I say, if it is an employer, it is totally improper that the patient be denied access to the information on himself but that the employer get the health information, or that the WCB get the information for somebody if it is paying the OHIP premiums, or the government if it is paying family benefits, or the parents. If one has a 20-year-old child at university or community college and if the child is on the parents' OHIP and the parents are paying, does this mean—and obviously in clause 7(b) it does—that the parents get the confidential health information?

Hon. Mr. Curling: On a point of order, Mr. Speaker: I just want to inform the honourable member that he is not on television now. The cable is off, so he can sit down. Nobody in Oxford can see him. They have taken it off TV.

The Acting Speaker: Order. That is not a point of order.

Mr. Treleaven: I have a certain understanding of how long it is going to take me, and I do hope the people of Oxford, one way or another, do find out what I am doing for them.

Concerning a senior citizen who is in the nursing home administration, if a son or daughter pays his OHIP premiums—maybe he is not 65—someone else is paying or being charged for his OHIP. The same applies for separated wives or husbands who are still on the family OHIP plan and for whom the other spouse is paying OHIP premiums. This means, without any further definition of the word “charged” or of the person charged or any clarification in clause 7(b) of the act, that the separated or divorced spouse, whatever is in the separation or maintenance agreement or whatever the court orders regarding OHIP premiums, does not get the confidential medical information, but the other spouse does. It depends on the word “charged.”

5:10 a.m.

We have two things. First, the way clause 7(b) of the act reads, we have a set of people or a potential set of people—I have thought of at least six groups—who, because of the poor draftsmanship of this section, will get the information but who should not, to the detriment of the patient. The patient, on the other hand, is deprived of his own medical information, because he is not paying his own OHIP premiums. He is not charged.

Mr. Warner: The member is wrong.

Mr. Treleaven: I hope that when I wind up, the member for Scarborough-Ellesmere, if he has not already spoken, will help me out with some of these explanations, such as his understanding of the definitions of the words “person” and “charged” in clause 7(b). At this point, the definitions are not there. If we look at section 1, the definitions section, there is no definition of “person,” “charged” or “person charged.” As a result, this bill should not be proceeded with; it should not go to third reading.

I have dealt with the double negative, which the minister did withdraw. We have confidentiality problems with regard to Bill 34, the Freedom of Information and Protection of Privacy Act.

I would like to get the act itself out, but I will have some problems and a certain amount of confusion because of the reprinting. I will refer to a very short quotation of the minister. It is improper under standing order 19 for me to refer at length to Hansard or to any other document, and I would not think of doing so. However, I will take the odd little excerpt—

The Acting Speaker: I also remind the member that we are in third reading. You should confine yourself strictly to the bill, and no extraneous material should be introduced.

Mr. Treleaven: Quite so, Mr. Speaker.

The minister made the statement, and it is just five lines: “Decades ago the people of Ontario chose to adopt a system that would deny to no one necessary medical treatment, where no one would be barred because they were poor, elderly or new immigrants to this country”—

Mr. Warner: The member should not read out of the rulebook.

Mr. Treleaven: I am not reading verbatim at length.

—“where everyone would have an equal opportunity to receive the same high-quality care.”

Mr. Warner: Will the member for Oxford accept a question?

Mr. Treleaven: Yes. One question, Mr. Speaker.

Mr. Warner: Does the member for Oxford recognize that, with respect to OHIP, participation is not equated with payment? Does the member for Oxford realize that one of the principles of the Ontario health insurance plan is that participation in the plan is not equated with being a person in Ontario?

Mr. Treleaven: Yes, I totally agree. That gets back to the word “charged.” Participation is not equivalent to payment; that is quite correct. One’s child participates without payment.

Mr. Warner: Right.

Mr. Treleaven: The member for Scarborough-Ellesmere agrees.

Therefore, if that member has young children, his children are under his plan. Let us make that assumption: He pays the OHIP premiums and his children are covered. Is he the person charged? That is the point with the old section 3d, section 7 in the reprinted bill. In clause 7(b), is the member for Scarborough-Ellesmere therefore the person charged? This means that the member, if he is the person charged, gets this confidential information and his children do not, regardless of their age, until they are 21.

Is payment the same as being charged? That is why we need definitions in Bill 94. That is why Bill 94 is improper. That is why I called it a camel and that is why it should not be proceeded with.

Mr. Warner: May I be permitted another question to the member for Oxford?

The Acting Speaker: Will the member for Oxford take another question?

Mr. Treleaven: Yes. One more question.

Mr. Warner: Is the member for Oxford equating payment to the Ontario health insurance

plan by whatever means with universality of coverage? Is payment, to the member for Oxford—

I do not want to interrupt his conversation.

Mr. Treleaven: No. The member's question, please.

Mr. Warner: Good; we will try it again. Does the member distinguish between payment to the Ontario health insurance plan and universality of coverage?

Mr. Treleaven: I do not really see that universality comes in there. The issue is, who is the person charged? Whom do they mean when they say, "the person...charged"? Is it an employer? Is it a government? Who is the person charged?

It is not the same as the patient. The section itself gives two alternatives for who gets the confidential information: the person to whom insured services were rendered—i.e., the patient—or, where somebody else was charged, the person so charged. I do not see that universality really has very much to do with it.

The member for Humber (Mr. Henderson) had an amendment that did not carry. That is unfortunate, because it dealt with extra charges not being made to various other people: senior citizens and people under various acts. They are typical of people who perhaps could have satisfied this problem with regard to who was being charged. Since it did not pass, I do not recall whether this was defined in the member's amendment, but it may well have been.

5:20 a.m.

The minister also said, "We believe that we had avoided the hardship and inequity that has resulted from the way medicine has been practised in the United States." No less a person than T. C. Douglas refers to the situation in the United States and compares the two jurisdictions, Canada and the United States, in a 1984 paper called *We Must Go Forward*.

He says, "Our American friends envy what we have been able to do." He is talking about Canada, not necessarily about Ontario. He is talking about Canada and not necessarily just Ontario. He says: "In the United States, they are spending nine per cent of the gross national product on health care. In Canada, it is only seven per cent." There is a belief in Ontario that Canada spends more on health care per person than the US does. That is not correct.

I want to bring to the attention of the members the McCaffrey committee in Ontario. I call it the McCaffrey committee because a member of this

House, the member for Armourdale (Mr. McCaffrey), became the chairman after the resignation of Dr. Elgie as chairman in 1978. I want to mention what that committee found with regard to figures for Ontario and Canada. It stated, "Canada is second only to West Germany in physicians per capita, Canada has the lowest ratio of beds per capita and it ranks third in bed days and second in admissions." Canada is extremely heavy in the use of beds and medical facilities.

Bill 94 has further problems with definitions. Here is another reason third reading should not proceed. I ask the members to look at section 1, "insured person." The bill is a mess in its definitions. "Insured person" is now the fourth definition in the newly amended bill with 12 sections: "'insured person' means a person who is entitled to insured services under the Health Insurance Act." When we look at the Health Insurance Act, we have a problem under clause 1(h), "insured services."

Let us go from Bill 94 and the definition of "insured services" to try to find out what an insured person is, "a person who is entitled to insured services under the Health Insurance Act."

Mr. Warner: On a point of order, Mr. Speaker: I hate to interrupt the member for Oxford, but surely to goodness either he is using the definitions set down by the Attorney General through the statutory information act, which provides definitions for the various identifications, or he is using definitions accepted through the United Nations. It has to be one or the other. He cannot pick and choose. Either he has a definition for "persons" that is accepted or he is inventing his own.

The Acting Speaker: Will the member for Oxford please confine himself to a brief description of why this bill should or should not be read a third time? He seems to be wandering a bit.

Mr. D. R. Cooke: On a point of order, Mr. Speaker: I think the whole House will want to join me in wishing the member for Oxford well. He now has just passed the four-hour mark in his speech.

The Acting Speaker: That is a point of view.

Mr. Treleaven: This is why the bill is so bad. It has more than imperfections. It has enough problems with the definitions that the minister withdrew sections. The members will recall the reference to subsection 44(1) of the Health Insurance Act. "Insured services" has problems. Section 1 of Bill 94 says, "'insured service'

means a service that is an insured service under the Health Insurance Act and the regulations made under it." There is a problem.

The Acting Speaker: Order. The appropriate time to have raised these concerns would have been when we were going through clause-by-clause debate. Please confine yourself to discussing why the bill should or should not be read a third time instead of going through an extensive analysis of the sections of the act.

Mr. Treleven: That is correct, Mr. Speaker. The definition is improper. We are referred to the Health Insurance Act by Bill 94. Under section 1, the definitions section of the Health Insurance Act, when one looks at "insured services," a triple negative is created here.

Mr. Laughren: On a point of order, Mr. Speaker: First, may I commend you for the wisdom of the judgement you have already made in your admonition to the member to stick to the principle of the bill on third reading.

May I also suggest that you listen carefully, because he persists in discussing this bill clause by clause by clause, which is not the purpose of third reading of any bill in this chamber. I encourage you to listen as attentively in the future as you have been doing for the past 10 minutes, because your judgements are already bringing a new clarity to the debate. I encourage you to continue.

The Acting Speaker: I thank the member for Nickel Belt for his point of advice.

Hon. Mr. Sorbara: Mr. Speaker, I want to say a few words on the point of order raised by my friend the member for Nickel Belt.

The Acting Speaker: That was not a point of order.

Hon. Mr. Sorbara: A point of order was raised.

The Acting Speaker: Order. Will the member please take his seat? That was not a point of order.

Hon. Mr. Sorbara: Mr. Speaker, a point of order was raised by my friend the member for Nickel Belt, and it has been the general custom in this House that when a point of order is raised by a member, other members have an opportunity to speak.

The Acting Speaker: Order. The member for Nickel Belt raised an appropriate point of advice for the Speaker.

Mr. Laughren: On a point of privilege, Mr. Speaker: On behalf of other members in this chamber, may I congratulate you on your

promotion to Deputy Speaker, replacing the member for Oxford in that elevated position.

Mr. Treleven: Perhaps the member for Nickel Belt is having trouble following the definitions and the difficulties and the improprieties in Bill 94 with regard to these definitions.

Hon. Mr. Sorbara: On a point of order, Mr. Speaker: All evening long, on point after point of order, we have asked Speaker after Speaker to help the member for Oxford refrain from this foolish, tedious, insane, unbecoming process.

This is one of the most significant days in the one-year history of this government. We have taken a very difficult piece of legislation through a very difficult process. There may be members who have different views on the bill as a matter of principle. Nevertheless, it is a very important piece of legislation, perhaps the most important piece of legislation this House will pass. This is a very important day.

The member for Oxford, by general consent in this House, had an opportunity to speak for what he considers to be two speaking days on this very important bill. Frankly, I had assumed—

Interjections.

The Acting Speaker: Order.

5:30 a.m.

Hon. Mr. Sorbara: Mr. Speaker, I am just trying to complete my point of order and make the point one last time, because I will be off duty pretty soon, then my friend the member for Oxford can continue with his inanity. He may have a lot of very good points to make on the legal construction of the bill, but I ask you to entreat him to spend perhaps half an hour or an hour expressing his heartfelt views on this bill to the House.

The Acting Speaker: Order. The member again raises a very interesting point of order with which I have already concurred. Five minutes ago I asked the member for Oxford to confine his remarks briefly to why the bill should or should not be read a third time. I asked him not to introduce any extraneous material or matters to this debate, and I am monitoring him in the hope he will do that.

Since I have given him that advice, the House has interrupted on two occasions with the same point of order. We owe the member for Oxford the courtesy of letting him continue.

Mr. Shymko: On a point of order, Mr. Speaker: I am shocked by some of the remarks I have just heard from the honourable member insinuating—

The Acting Speaker: That is not a point of order.

Mr. Shymko: I would like you to check the adjectives the honourable member used to see whether they were unparliamentary, or verging on being unparliamentary, in the shocking description attacking and criticizing—

The Acting Speaker: Order. I paid careful attention to the adjectives the member for York North was using. In my opinion, they were not unparliamentary. However, I will leave the decision to a more experienced occupant of this chair.

Mr. J. M. Johnson: On a point of order, Mr. Speaker: I have sat up all night watching this debate on television, and I am shocked at the number of times the member for York North has interrupted the excellent speech being given by the member for Oxford. I challenge him, if he wishes to speak, to do so when his turn comes in rotation.

Mr. Treleaven: Under subsection 3(1)—

Mr. D. S. Cooke: We are not doing clause-by-clause.

Mr. Treleaven: We cannot discuss the principle of the bill—

The Acting Speaker: Interjections are out of order.

Mr. Treleaven: How can we discuss the bill unless we discuss the contents of the bill? How can we identify the contents of the bill unless we refer to section numbers?

Mr. D. S. Cooke: We are not doing clause-by-clause.

Mr. Treleaven: Of course we are not doing clause-by-clause. I am pointing out why Bill 94 should not be proceeded with, and I have to refer to bad clauses to give the reason why it should not proceed.

Therefore, I will refer to subsection 3(1) of the original bill, where it says that the minister may enter into agreements. It is still subsection 3(1) of the reprinted bill. It says, "The Minister of Health may enter into agreements with the associations mentioned in subsection (2)" and it lists them. They are the Ontario Medical Association, the Ontario Dental Association and the Ontario Association of Optometrists. That is consistent with the past recommendations. The committee chaired by the member for Armourdale recommended that.

The minister talked about this in his debate in the standing committee on social development. I

am not going to refer to Hansard; I will only get into a problem with more interjections.

Subsection 3(1) says, "The Minister of Health may enter into agreements with the associations mentioned in subsection (2), as representatives of physicians, dentists and optometrists, to provide for methods of negotiating and determining the amount payable under the plan in respect of the rendering of insured services to insured persons."

The idea of this is wide open. It talks about the methods of negotiating and determining the amount. If we look at the Canada Health Act, which is the bottom line—the member for Windsor-Riverside has perhaps missed that point emphasized by many other people in this House—the recovery of this money, however much it is, is the bottom line for Bill 94 and one of the main reasons for Bill 94 being introduced.

The method referred to in subsection 3(1) of negotiating and determining the amount payable under the plan is wide open. It is permissive and it violates section 12 of the Canada Health Act, which sets down the guidelines under which a province may get money from the federal government. Section 12, accessibility, states:

"(1) In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province"—and that means Bill 94 and OHIP—

"(a) must provide for insured health services on uniform terms," etc.;

"(b) must provide for payment for insured health services in accordance with a tariff," etc.;

"(c) must provide for reasonable compensation for all insured health services rendered by medical practitioners or dentists," etc.

The words "must provide" mean it is mandatory under section 12 of the Canada Health Act.

Mr. D. S. Cooke: The member is out of order.

Mr. Treleaven: I am not out of order. The whole purpose in subsection 3(1) of Bill 94 is to obtain money from the transfer payments under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, and the Canada Health Act sets forth the terms and conditions upon which each province may get that money.

I submit that the wording in Bill 94 must be changed and made subject to section 12. It must be the same as section 12, to make it mandatory with a "must" not a loose "may." Subsection 3(1) of the bill says, "The Minister of Health may enter into agreements," whereas the Canada Health Act says "must." The member is shaking his head, but in order to satisfy that, it has to be "must provide."

Subsection 12(2) of the Canada Health Act says, "paragraph (1)(c) shall be deemed to be complied with if the province has chosen to enter into, and has entered into, an agreement with the medical practitioners and dentists of the province that provides (a) for negotiations relating to compensation for insured health services," etc.

We are talking about subsection 12(1) which uses the word "must" in the clauses. Bill 94 is incorrect because it uses "may." It must be amended to fit properly with section 12 of the Canada Health Act. Otherwise, Ontario will not pick up its \$53 million or \$100 million, or whatever the figure is. It may not qualify for that money.

5:40 a.m.

The members do not like definitions so I will not get into "insured service" or "insured person," but, again, subsection 2(2) is bad and should not be adhered to. Bill 94 should not be proceeded with and should be voted against. Subsection 2(2) was an amendment of the member for Windsor-Riverside.

Mr. D. S. Cooke: We are not on clause-by-clause.

Mr. Epp: It seems to me I have heard that.

Mr. Treleaven: That is right. That subsection is discriminatory under the Charter of Rights. It is unconstitutional. It states:

"A practitioner"—that can be a doctor or whoever, but let us leave it at practitioner—"referred to in subsection (1) shall not accept payment in respect of an insured service rendered to an insured person until after the practitioner receives notice that the patient has been reimbursed by the plan unless the insured person consents to make the payment on an earlier date."

There are several things wrong. What if they do not have the capacity to consent?

Interjections.

The Acting Speaker: Order. Will the speaker please address his comments to the chair.

Mr. Treleaven: I am pointing out why the bill should not be proceeded with. It is unconstitutional, inaccurate—

The Acting Speaker: Order.

Mr. D. S. Cooke: On a point of order, Mr. Speaker: I thought we were not dealing with clause-by-clause, but the member for Oxford is speaking about clause-by-clause of a whole bunch of other bills. More important than that, I thought the reason we were hearing this tonight was that the member wanted to talk about his

riding. We have not heard a thing about Oxford tonight.

The Acting Speaker: The member for Oxford does seem to straying a little bit but he is staying on the general principle of the bill.

Mr. Treleaven: We know I cannot speak about the things that bother me most about health services in Oxford. I cannot. Mr. Speaker, you would not allow that and therefore I cannot respond to the member for Windsor-Riverside.

Mr. D. S. Cooke: The member for Oxford, the Deputy Speaker, says he cannot speak about the things that are dear to his heart. I can, and I would like to speak to them at a decent time instead of listening all night to this diatribe which is absolutely worthless.

The Acting Speaker: Order. I notice the member for Windsor-Riverside is not in his chair.

Mr. Treleaven: On third reading, one cannot discuss the principle of the bill in general terms. One cannot do that. That is second reading principle. On third reading, one has to talk on the bill and how it is amended and as it is in front of us right now with 12 sections.

There, I said 12 sections. One cannot talk about this bill and point out what is wrong with it without referring to where it is wrong, and the only way one can refer to it is by section. Therefore, if I talk about a section, it is not clause-by-clause; it is only identifying what I am talking about.

Mr. Pierce: That is correct.

Mr. Treleaven: I am glad to see there are several members who can appreciate the point I just made.

Now, to get back to section 12—no, we are through with section 12. We are at subsection 2(2) of the bill which is the amendment of the member for Windsor-Riverside. That is unconstitutional because the practitioner is being discriminated against in a way that no other person in this province is being discriminated against.

The member for Stormont, Dundas and Glengarry (Mr. Villeneuve) is waving his newspaper in front of me and distracting me.

Mr. Laughren: On a point of order, Mr. Speaker: I am sorry to interrupt the member for Oxford just when he is just getting into full flight but I wonder whether he would entertain a short, serious question.

The Acting Speaker: Will the member for Oxford entertain a question?

Mr. Treleaven: Yes, one question.

Mr. Laughren: I know his speech is carefully constructed and there may be a later point at which he would like to answer, but could he tell us in the chamber whether he has not had problems in his riding with patients who have had large extra-billing charges and who simply cannot afford them?

Mr. Treleaven: No. To the best of my knowledge I have not had a complaint about extra billing in my constituency office in more than five years as member for Oxford. I have had many complaints about lack of children's mental health services, nursing home beds and speech therapy, but no complaints about extra billing.

Interjection.

Mr. Treleaven: I am sorry. I misled—

The Acting Speaker: Order. The member for Windsor-Riverside.

Mr. D. S. Cooke: On a point of order, Mr. Speaker: I wonder whether the member for Oxford would allow a short question.

The Acting Speaker: Will the member for Oxford allow a question?

Mr. Treleaven: Not until I clarify my answer to the member for Nickel Belt.

Mr. D. S. Cooke: Maybe the member can tell me when he is ready for the short question.

Mr. Treleaven: Yes, thank you. The member for Nickel Belt asked me if I had complaints about extra billing. I am sorry. During the last two or three weeks since we had Bill 94 in front of us I have had a few phone calls, but I cannot recall a complaint on extra billing until Bill 94 came in front of us and the matter heated up.

Now I will consent to one question from the member for Windsor-Riverside.

Mr. D. S. Cooke: The member for Oxford points out, rightly I am sure, that not many concerns have been expressed to him by his constituents about extra billing, but he has heard concerns about children's mental health services. Could he tell us how many times between 1981 and 1985—May 2, 1985, in particular—he raised the problem of children's mental health services in the Legislature with the former government during question period?

Mr. Treleaven: Not in the chamber; but outside the chamber probably five pounds worth of paper and three or four inches.

Mr. D. S. Cooke: May I have a supplementary question?

Mr. Speaker: Order. I do not think this has anything particularly to do with the legislation. The member for Oxford.

Mr. Treleaven: Can I get back to subsection 2(2), which is the amendment? I stated that the subsection is unconstitutional. It should not have been added to the bill, it should be voted against and it is a reason why Bill 94 should not be proceeded with and should be voted against on third reading. It is unconstitutional because it treats the practitioners in a way no other group in Ontario is treated by law. It cannot be constitutional.

5:50 a.m.

When a person buy goods or performs services, whether a clothing store owner, a shoe shop owner or a car dealer, it is fundamental to the transaction under the laws of Ontario that it is a cash sale or transaction unless the seller gives credit to the purchaser over a period of time. That is common law and has been for many years. It is automatic, unless there is an arrangement made by the parties, in this case the doctors.

Subsection 2(2) of the bill is a discriminatory clause which states that the practitioner not only cannot bill for his services but also cannot accept payment in respect of his services until someone tells him the patient, in this case, has been paid. This refers to opted-out doctors only. I will not go into the third category. I have been into that well enough. The third category is not provided for in this bill, and Bill 94 should again therefore be voted against.

In subsection 3(3) we have another irregularity. It says, "The Lieutenant Governor in Council may make a regulation providing that the minister may enter into an agreement under subsection (1) with a specified person or organization other than an association mentioned in subsection (2)." What does that mean? Who is the person "other than"? There is no definition. There is no clarification.

Subsection 3(1) says the minister may enter into agreements with the organizations listed in subsection 3(2). Subsection 3(2) sets out the medical, dental and optometrists' associations. Subsection 3(3) says that the cabinet "may make a regulation providing that the minister may enter into an agreement under subsection (1) with a specified person or organization other than" the doctors, dentists or optometrists.

Who is the specified person? How far does that go? Does it mean that cabinet can pick a person out of the blue, anyone in the world except the OMA, the ODA and the optometrists, simply to provide some health service? Surely everyone in the world is not contemplated under that. It needs definition; it needs specification as to exactly who this is, with a specified person or organiza-

tion. If the OMA and those organizations—I have been into this before. I do not want to be repetitious. I am going to leave that alone.

I now go to sections 4a and 4b. We have provincial offences whereby the doctors and the other health providers are treated in a much different fashion than any other provider in the world, any other person in the world.

I will go down to what was 3a(1). It says, “4(1) Where the minister is satisfied that a person has paid an unauthorized payment to a practitioner, the minister may direct the general manager to pay to the person the amount of the unauthorized payment.” In ordinary language, where the patient has paid too much and the minister is satisfied, then the minister directs the general manager to reimburse the patient and get the patient straightened up. Then the general manager stands in the shoes of the patient for the overpayment.

How do we establish that the minister is satisfied? Upon what criteria? What is the yardstick by which the minister is satisfied there has been an unauthorized payment? Where are the guidelines? Where are the criteria by which the ministry becomes satisfied or unsatisfied? We need a definition of this satisfaction.

According to subsection 3a(2), where an unauthorized payment is made, they charge back to the doctor the amount of the administration fee, now limited to \$150, and the overpayment. Here we get into the setoff. We have problems with the setoff. When do we establish this administration charge? We have several problems. There are a couple of classifications of doctors. There are those who bill outside OHIP, and we know how they will be dealt with by the subsection 2(2) amendment of the member for Windsor-Riverside. In that case, the person who bills outside OHIP cannot get paid until the patient has been paid and he has been notified.

Let us talk about the usual situation where the person bills within OHIP and a large amount of money owing to that practitioner is built up. Then one can set off money under section 3a. One can deduct money because one has a large amount of money to set that off against.

There is a problem where doctors, optometrists and dentists—perhaps dentists would fit into this best—either very occasionally charge through OHIP and most of the time outside the plan or more frequently charge OHIP very small additional amounts. In those latter two cases, there is no appreciable money being held in the kitty to the practitioner’s credit from which to deduct or set this off.

Such a person does not fit in either as a practitioner who bills OHIP all the time and can be set off against under subsection 3a(3) or as a practitioner who bills outside OHIP all the time and in OHIP none of the time. These other practitioners fall between the cracks in Bill 94. They are not covered by Bill 94, which is another reason Bill 94 should be voted against, another reason it should not proceed to third reading.

Hon. Mr. Sorbara: Is the member coming to an end yet?

Mr. Treleaven: At some point. We have subsection 3a(5). Again, we have a situation where the practitioner is being discriminated against.

Mr. Laughren: Clause by clause?

Mr. Treleaven: I have to refer to the clause to refer to the point I am on and the point I am making. There is no other way of identifying where I am. I hope we do not have to go through that again.

We have in subsection 3a(5)—it was subsection 3a(5) under the old act; it is now subsection 4(5) in the reprinted bill—“Service of Notice,” which is again unfair to the practitioner. It reads:

“The notice...shall be served by registered mail addressed to the person to whom the notice is being given at the person’s latest known address and the service shall be considered to have been made on the seventh day after the day of mailing”—they deem the practitioner has got it—“unless the person to whom notice is given establishes that he or she, acting in good faith, did not receive the notice until a later date.”

6 a.m.

What if it is never received? We have all had situations where registered mail has not arrived. What does the practitioner do? All they have is covered in subsection 4(5). What does the practitioner do if he never receives notice? It is not covered in this bill. It is covered only if he receives it—

Hon. Mr. Sorbara: On a point of order, Mr. Speaker: I am almost off duty now, but you have missed a very exciting evening. Frankly, we have had very interesting challenges to the clause-by-clause analysis we have heard from our friend the member for Oxford.

I have been criticized by my friend the member for Wellington-Dufferin-Peel (Mr. J. M. Johnson) for having interrupted, and yet we have had ruling after ruling from the chair that the member for Oxford ought not to be analysing the bill point by point.

I make that final point again to you, Mr. Speaker, to determine whether what we have been doing all night is in the best traditions of parliamentary procedure.

Mr. Speaker: Would the honourable member tell me under which standing order his point of order comes?

Hon. Mr. Sorbara: I believe it is standing order 19(d)3, which deals with needless repetition and, to be quite frank, a reference to Erskine May.

Mr. Speaker: Thank you. I will check that one out.

Mr. Ward: I wonder whether the member for Oxford will entertain a question, as he has done occasionally this evening.

Mrs. Marland: On a point of order, Mr. Speaker: Recognizing that it is six o'clock and that you have just assumed the chair, as someone who has been here for five hours and who has observed the member for York North, I think in fairness to your judgement that everyone else in the House who has been here for the last five hours would concur with me in advising you that the member for York North has stood up every hour on the hour, recorded the time and challenged what the member for Oxford has been saying.

Mr. Speaker: What is your point of order?

Mrs. Marland: In fact, the ruling from the chair has been in favour of the member for Oxford, not as just reported.

Mr. Speaker: Order. I did not hear a point of order at all there; I just heard some information. The member for Wentworth North asked the member for Oxford whether he could ask a question.

Hon. Mr. Sorbara: On a point of privilege, Mr. Speaker.

Mr. Speaker: I will give it a try.

Hon. Mr. Sorbara: My friend the member for Mississauga South suggested in her remarks that I have risen in my place—

Mr. Shymko: Fifteen times.

Hon. Mr. Sorbara: Wait a minute.

Mr. Speaker, you had a little rest, but she suggested that I have stood in my place regularly, hour by hour, raising points of order in a number of contexts, including that of references by my friend the member for Sudbury East, to the repetition. She has suggested—

Mr. Speaker: Order. I gave you ample time to present your point of privilege. It certainly is far from a point of privilege.

Mr. Cureatz: On a point of order, Mr. Speaker: I congratulate you on your ruling in regard to the comments of the member who just spoke, because as a member who has just now attended this assembly to take part in this very interesting debate, I would like to get on with the debate and hear what the member for Oxford has to say.

Mr. Speaker: Order. The member for Wentworth North asked the member for Oxford whether he could ask a question.

Mr. Ward: My colleague the Minister of Colleges and Universities (Mr. Sorbara) has been defending the member for Oxford from the attacks of the member for Sudbury East all evening, for those members who arrived late.

I thought I heard the member for Oxford respond to the member for Nickel Belt that he had never run into a problem with a constituent who had been extra billed, and yet I am told that the member's constituency office contacted the minister's office about a constituent of his who was extra billed \$1,200 for an operation on May 8 to inquire whether this legislation would be retroactive. I wonder whether the member was overlooking that example or whether he found some other way to handle the situation.

Mr. Treleaven: I thought I explained that well. I said until Bill 94—

Mr. D. S. Cooke: Come on.

Mr. Treleaven: If Hansard is checked, the member will find that I said at the beginning that I had not had any complaints in five years about extra billing that I could recall. Then I corrected myself and said, "until this matter heated up on Bill 94." I said I have, of course, had complaints during these past days and weeks, but until Bill 94 came along, I could not recall any complaint on extra billing. There is not a single doctor in Oxford who extra bills.

Mr. Laughren: On a point of privilege, Mr. Speaker: When the member for Oxford replied to my serious question about whether he had had complaints in his constituency about constituents who had extra billing problems, he clearly replied that he had not had any such problems. He then followed up his comment with the statement, "since this debate began," and implied that there were general problems or general objections to the whole idea of extra billing.

Mr. Speaker: Order. With respect, the member has the opportunity to correct something he has said, not what someone else has said.

Mr. Treleaven: It was not a casual reference to having no record or recollection of ever having

received an extra billing complaint until Bill 94 heated up. That is logical because no doctor in Oxford county extra bills.

There are certainly people who go to specialists in London, but no doctor in Oxford county extra bills. It is entirely consistent that I would have had no such complaints.

Would the member like to ask another question?

Mr. Ward: I thought the member said, "No doctor in Oxford county."

Mr. Speaker: Are you asking a question?

Mr. Ward: Yes.

Mr. Treleaven: It is my understanding that no doctor in Oxford county extra bills.

Mr. Ward: That is not to say, though—

Mr. Speaker: Order. Two members cannot be up speaking at the same time. You want to ask another question? Will the member for Oxford accept another question?

Mr. Treleaven: Yes.

Mr. Ward: Have any of the member's constituents in Oxford been extra billed?

Mr. Treleaven: I know of only one. My wife was extra billed by a doctor in London. Frankly, that is the only one I can think of at this moment that I know of for certain.

Mr. D. S. Cooke: What about this constituent?

Mr. Laughren: On a point of order, Mr. Speaker: Would the member for Oxford permit a short, even pithy, question?

Mr. Speaker: I believe the member for Oxford agrees.

Mr. Laughren: I have to thank the member for Oxford for his indulgence. Would he tell us some of the specifics of that patient, referred to by the member for Wentworth North, who was extra billed to the tune of \$1,200? Can the member for Oxford tell us whether he made any attempt to relieve the constituent's problem and the extent to which he got involved with the problem?

Mr. Treleaven: I cannot recall exactly. The member for Wentworth North mentioned May 8.

Mr. Ward: That is when the individual was extra billed.

6:10 a.m.

Mr. Treleaven: The individual was billed on May 8. If the member knows about it, presumably my office wrote to the ministry. My answer is obviously that I am writing and questioning and helping my constituent out. Is it not the job of all

of us here to get in touch with the ministry to get an explanation?

Mr. D. S. Cooke: On a point of order, Mr. Speaker: To follow up on my friend and colleague the member for Nickel Belt, can the member for Oxford tell us whether he supported the fact that his constituent had been extra billed to the tune of \$1,200 and whether the efforts of his constituency office staff were on his behalf or were independent?

Mr. Treleaven: I will take a back seat to no one, certainly not to the member for Kitchener-Riverside, in being a constituency man and looking after my constituents.

Mr. D. S. Cooke: On a point of personal privilege, Mr. Speaker: I represent a large riding, but it does not go all the way from Kitchener to Riverside.

Mr. Speaker: I knew you wanted to correct the record on that.

Mr. Treleaven: Did I get the wrong riding?

Mr. Speaker: It is Windsor-Riverside.

Mr. Treleaven: It is difficult to know exactly where I was when that interruption arose.

Mr. Morin-Strom: Did the member lose the clause he was on?

Mr. Treleaven: Yes. We were dealing with the discrepancies in subsection 4(5). One must identify where the problem is in this bill if one is going to persuade the members to vote against it. After all, we are debating, on third reading, why Bill 94 should not be proceeded with, and subsection 4(5) gives yet another reason it should not proceed to third reading.

We have registered mail. I am asking what happens if the physician or the health professional never receives the notice by registered mail. There is a gap here. Two eventualities are taken care of in subsection 4(5): (a) it does arrive and (b) it arrives later than seven days. However, it is silent on the third eventuality, that in which it does not arrive. It does not give the practitioner the right he has under the Provincial Offences Act, the Expropriations Act and the Statutory Powers Procedure Act. He gets rights under all those provincial statutes.

The answer is that this is silent, it has a gap, it has a blank. Therefore, it is a faulty bill and a faulty section.

Let us look at subsection 5(1). Let us get to the right of the health practitioner.

Mr. Villeneuve: He has no rights, according to the New Democratic Party.

Mr. Treleven: He does not have many rights. Why is it not by registered mail? Why does he send his in by ordinary mail? Why is it not tit for tat? When you get it out by registered mail, why does it not come in by registered mail? Why is it not both ways? That is also improper. It should be both.

Let us look at subsection 5(3). Of course, we are talking about the Health Services Appeal Board: "The chairman of the board may from time to time appoint a member of the board to conduct a review under this act." The next subsection says, "A member of the board conducting a review shall inquire into whether the practitioner has received an unauthorized payment." Is that it? No rules, guidelines or criteria are set out for how that member is going to look into it.

All the other acts that are coming down the way—Bills 54, 55, 109; the nurses; all of the areas in the Health Disciplines Act, whether it be dentists, pharmacists, etc.—set out inspectors' rights, when they can come around and look, etc. There is a set of rules for when investigations can take place and for what the inspectors' rights are and are not. Here we have no such rights spelled out. All it says is, "A member of the board...shall inquire into whether the practitioner," etc.

Now we have a totally discriminatory subsection. Originally subsection 3d(5), it is now subsection 5(5) of the reprinted bill. It says: "The general manager, the practitioner and the insured person have the right to make written representations to the member of the board conducting the review." Written representations only. In all these other acts a person in Ontario who has run afoul of the law, if you will, or who wants to get a hearing on the basis of the Statutory Powers Procedure Act—and that is in front of a tribunal, an agency, board or commission—gets protection. Under section 10 of the Statutory Powers Procedure Act he gets the right to counsel at a hearing. He may call and examine witnesses and present his arguments and submissions, and he may conduct cross-examinations of witnesses at a hearing, all for the fair disclosure of the facts in relation to which they have given evidence.

All those safeguards, with many others, are written into the Statutory Powers Procedure Act, an act that covers the great majority of tribunals and people's rights in regard to those tribunals. Here, in subsection 5(5) of Bill 94, all the practitioner gets is the right to make written representations to the member of the board conducting the review. He is allowed no cross-examination.

It goes on to say that the other people—the patient—can write, etc., but the health practitioner gets no right to examine or cross-examine, no right to call and examine witnesses of his own or to present his arguments and submissions orally. All he can do is send them in writing. He cannot cross-examine the other about allegations made in written presentations from the complainant, or patient, if you will.

There are many other protections. In section 11 are the rights of witnesses to counsel—

Mr. D. S. Cooke: It sounds like clause-by-clause to me.

Mr. Treleven: All I am doing is showing why Bill 94 is not a proper, well-drawn bill. The clauses are badly drawn or missing. They are in conflict with many other rights of people across Ontario. The bill should be voted down. It should not proceed to third reading.

Let us look at subsection 5(6). Again we have the same clauses that are additionally bad.

Mr. D. S. Cooke: It sounds like clause-by-clause to me.

6:20 a.m.

Mr. Treleven: Again, I have to identify them. I cannot say, "Somewhere in the bill." I have to identify where it is bad.

On subsection 5(6), I do not want to go too badly on this wording, "a person," but it is a mess. If one looks at sections 4 and 5, they use the word "person." Subsection 4(1) says, "Where the minister is satisfied that a person has paid an unauthorized payment," that person is the patient. It goes on to say in subsection 4(2), "Where a person has paid an unauthorized payment to a practitioner"; that is again the patient. But when we go to section 5, and particularly subsection 5(6), we are now saying, "The member of the board conducting a review shall advise the general manager and the practitioner in writing as to whether, in the person's opinion." Now the member of the board is the person.

The word "person" is mangled all over Bill 94. It means everyone from the practitioner to the patient to the member of the board. It is used interchangeably all over and lacks definition. It not only is totally confusing but also leaves gaps. Therefore, the bill should not be proceeded with.

We have old section 3d on insured persons.

Mr. D. S. Cooke: Come on. Get on with it.

Mr. Treleven: Okay. I will not harangue that one. It is "person." It is bad. Let me get back to the act.

Mr. Morin-Strom: Back to clause-by-clause?

Mr. Treleaven: No. Here we are. This afternoon we had very little time to deal with the short title of this bill.

An hon. member: This afternoon? That was Thursday afternoon.

Mr. Treleaven: Yesterday. Time passes when one is having fun. "Health Care Accessibility Act" is a misnomer. As the member for Stormont, Dundas and Glengarry says, it is a misnomer and should not be called that.

When this bill first came out, I did a little research to find out whether there were any rules—I looked in *Erskine May* and *Beauchesne* and so on—that stated whether a short title even had to resemble a long title. Here, the long title talks about an act regulating the amount that persons may charge for rendering services and so on. There is no relationship between section 12 in the reprinted Bill 94 and the long title. Unfortunately, I found absolutely nothing that restricted one to some semblance.

If one looks at the Orders and Notices of any day, one will find acts. Yesterday's Orders and Notices says, "Second reading of Bill 11, An Act respecting the Protection of Rental Housing." The long title will be very close to that. Second reading of Bill 79 says, "An Act to amend the Municipal Act." Bill 72, one that is quite close to my heart, says, "An Act to amend the Powers of Attorney Act." It is exactly that. We had a Powers of Attorney Act passed about three years ago.

Mr. Speaker: That is most interesting, but I fail to see how it affects section 6.

Mr. Sheppard: The member should have a glass of water.

Mr. Treleaven: I dare not enter into the topic of the generosity of everyone.

The point is that if one looks at bill after bill, one will find that the long and short title very closely resemble each other. In this act they do not. It is very unusual. I do not believe it is an appropriate name. Calling it the Health Care Accessibility Act is entirely improper. It should relate to the long title.

I know there are many other people wishing to debate and enter into this. I do not want to hold them up unduly. I will not be very much longer.

With regard to the Health Services Appeal Board, you will remember, Mr. Speaker, that during clause-by-clause debate the member for Lincoln mentioned to the parliamentary assistant to the Minister of Health, the member for

Wentworth North, that this board was taking upwards of two years to hear appeals where professionals were charged with overcharging, etc. In fact, when one looks at the procedures of the Health Services Appeal Board, one finds that it is in some cases well over two years.

This is the form, the procedures of the Health Services Appeal Board, and it sets out the procedures as to how people file and so on. In that very handout from the Ministry of Health to people who wish to be involved in an appeal, it says in item 6 at the bottom, "The length of its list at this time means that a two-year delay before the appeal comes on for hearing is possible."

I remember the member for Wentworth North saying it was improving. That may well be. I have some cases and the first one that pops up randomly is a situation where a physician was charged with submitting accounts during the period January 1, 1977, to February 28, 1979. He had bad bookkeeping. The first general manager made a decision that he should be charged 15 per cent on all accounts for that period of time. Therefore, we are speaking of the period from the beginning of 1977 until early 1979. The complaint was made in November 1981—

Mr. Ward: Mr. Speaker, on a point of order: The member made reference to a response to a question by the member for Lincoln with regard to the appeal board. I think the member for Oxford omitted in his remarks that one of the reasons for the delay was the limited number of board members that were available. One of the amendments to Bill 94, which was not supported by the Conservative Party, was to increase the number of board members who are available for hearings to address this long-standing problem.

Mr. Speaker: What is the point of order?

Mr. Ward: The point was he forgot that.

Mr. Speaker: With respect, that is far from being a point of order.

Mr. Treleaven: It was in November 1981 when the general manager made the decision. The board met. It came before the board in April 1984 and the decision was in May 1984. We now have a situation where there is a purported overcharging on January 1, 1977, and it is finally dispensed with and disposed of in May 1984. That is well over seven years. I agree that is the longest and it is extreme, but this bill, giving the board new procedures, is a terrible idea when one considers that Bill 94 has confused matters in itself by appointing panels of one member.

6:30 a.m.

Perhaps the parliamentary assistant understands this better than I do, but we in this House cannot figure out why the Health Insurance Act should deal with quorums of three, yet Bill 94 talks about panels of one. How can one have a quorum of three on a panel of one? That is totally confusing. It also says the chairman and vice-chairman of the board will make a decision when there is a tie. How can there be that kind of thing when there is a panel of one? Bill 94 does nothing except mess up an already well-organized formula under section 8 of the Health Insurance Act. Those well-set-out rules now are messed up by the addition of section 5 of Bill 94 which says "appoint a member of the board to conduct a review."

Perhaps when the member for Wentworth North is speaking on this, he will explain that to us. Perhaps he will also explain, in these cases of the Health Services Appeal Board, why there are sometimes three members, sometimes eight, sometimes six or sometimes seven members hearing appeals. What is the yardstick by which the numbers are chosen? What will be the yardstick under the new system with Bill 94 feeding into this? Will it be one? Will it be three? How many will it be? Here is one with eight.

The member is showing me a newspaper article and I guess I must qualify for part of it.

Mr. Speaker: Has the member for Oxford completed his comments?

Mr. Treleaven: I have additional comments. I was slightly distracted. A person cannot read the newspaper in the House while he has the floor. That would be terribly unparliamentary.

I do not wish to be repetitious. I have a great deal more, but I might run into some difficulties. Many members of my caucus wish to speak. They are eager to give fresh information. Therefore, I am in my sixth hour and I will wind up my remarks.

Mr. Speaker: Are there comments or questions?

Mr. McClellan: Unfortunately, I missed the last four hours of the honourable member's speech. Could he summarize?

Mr. D. S. Cooke: I have been here for the entire set of remarks by the member for Oxford. After five hours, I am not quite sure what was the point. I heard about this speech that was to be given on whatever health bill or social-service bill came up first. I have heard we will get a longer one on the next health or social-service bill and an even longer one on the bill after that.

The member for Oxford has been a member since 1981. Now he is engaged in this parliamentary effort. Other words could be used to describe the effort but they probably would be unparliamentary. What other efforts has the member attempted in the parliament of Ontario when the former government, namely, his party, was in power from 1981 to 1985? Ever since I ran for office, all the Conservative candidates in my riding have used the argument that, if one is a member of the government, one can get what he needs for his riding. The member for Oxford was a member of the government party. Why did he not get what was needed for the kids of his riding, the mental health services and all the other things he has talked about?

Why is it only now, on June 19? It was supposed to be June 19, but in reality he did not start until June 20. He said he would go for two days but he did not. Why not before? Why did the member for Oxford not deliver on his promises to his constituents when he could?

Mr. Ward: I too have been here, either in the chamber or in the ante-room, glued to the television for the last five hours, listening to the fine rhetoric of the member for Oxford.

One concern I have is the one great inconsistency in his response to the member for Nickel Belt, and the actions of his office on behalf of a constituent who was extra billed on May 8 for \$1,200. Rightfully, the member did what he could on behalf of that individual through his staff, including inquiring as to whether the bill would be retroactive.

That aside, I am struck by the fact that the quality of the remarks in the debate from the member for Oxford has been consistent with the quality of the comments of the members of the official opposition over the course of the past two weeks, where nothing has really been added to this debate other than a prolongation.

I want to convey to the member for Oxford a very real story of something that occurred last evening. I phoned home, and my wife indicated that a constituent—whose name I recognized, and who in fact is not supportive of this legislation; one of the few in my riding who is not—was anxious to have me call her. I assumed it was over the time allocation.

She is not a supporter of our party. She is not a supporter of this bill. She did, however, want to speak to me urgently to let me know that she could not tolerate the actions of the member's party in thwarting the democratic process, and would never bring herself to support it again.

Mr. Speaker: Further comments or questions?

Mr. Davis: I got 21 calls from people who said they are not going to support the government party next time, either.

Hon. Mr. Riddell: I just have a short comment.

I have sat here about an hour now listening to the comments of the member for Oxford. I have come to respect very much the person who coined the phrase, "Blessed is the man who, having nothing to say, refrains from giving ample evidence of that fact."

Mr. Treleaven: Regarding the comments of the member for Windsor-Riverside—oh, he has disappeared. Anyway, I did exactly the same things, from March 1981, when I was first elected, until February 1986.

I did everything the same way through the change in government. I wrote, phoned and met with the various bureaucrats, etc., of those two ministries, Health and Community and Social Services. At that point, I changed tactics, because I was getting nowhere dealing with the bureaucrats. It is not the ministers; it is the same bureaucrats sitting there now who were sitting there three years ago.

Mr. Wildman: Who is in charge of the government?

Mr. Treleaven: That is a good question. The bureaucrats are. That is my observation.

Since the member for Windsor-Riverside is exercised that I fell a little bit short of my full six hours, perhaps he is suggesting I will add the shortage to my next prolonged debate on the next health or social services bill that comes along.

My comment to the member for Wentworth North is that any time the bureaucrats give Oxford its fair share, my actions will stop immediately. My comment on what the member for Huron-Middlesex (Mr. Riddell) said is that if I had been allowed to stray from Bill 94 tonight and to say what is in these three horror files from Oxford, it would have been really relevant. I would have had no trouble going my six hours in a very angry fashion.

Maybe I will get more latitude in second reading of Bill 109. I will have more latitude on that. We will see if these two ministries pick up their socks.

Mr. McClellan: Maybe, after that brief interlude of six hours or so; I left around 2:30 a.m.

Mr. Davis: Too bad the member came back.

6:40 a.m.

Mr. McClellan: I came back because I thought it would be nice if somebody started to speak again about extra billing and the reason we are having this debate.

I look on this as the happiest and proudest day since I was elected to this Legislature because today this Legislature is finally going to wipe out extra billing in Ontario. That is a great accomplishment that will happen at one o'clock this afternoon. My colleagues in the New Democratic Party have participated in the campaign to end extra billing since 1978. We have done so with a great deal of energy and determination because we recognize that extra billing is a fundamental threat to universal medicare. It threatened, until today, to destroy our medicare system. That was recognized unanimously by the Parliament of Canada when it passed the Canada Health Act which bans extra billing. It has been recognized by the majority of provinces across this country.

Ontario is the last large province to be dragged kicking and screaming into the realization that one cannot have a medicare system when one permits doctors to extra bill outside the system. In the first place, extra billing is a deterrent, a barrier to access and bars the poor from access to medical services. That is not just my opinion. That is not just political rhetoric by some politician. There have been studies since the 1970s documenting, one after the other, that extra billing fees are deterrent fees and that the fact some doctors extra bill some patients acts as a positive barrier keeping poor people away from health care services. It sets up a two-tier system where the rich and affluent are able to get first-class services in doctors' offices and others are streamed into hospitals for a different kind of service.

The studies have been available to governments, to legislators since the 1970s. I will not list them all; they are all in the library. We have Wolfson's study and the study by the Ontario Council of Health on deterrents and deterrent fees, which identified extra billing as a major deterrent. We have the studies that were done for the Hall commission and studies by Stoddard and others that showed extra billing was a barrier to the poor. All this is objective, empirical evidence and not rhetoric, not opinion, not politics. It is objective, scientific evidence done by objective social scientists with no political axe to grind. They simply tried to analyse and understand our health care system. They all came to the same conclusion that extra billing was a barrier to service.

There are those who stand up in this House in 1986 and say: "I never saw a patient in my riding who was extra billed. I never heard of anybody having any problems with extra billing." They are either so out of touch with their constituents that they have neither seen nor listened to their own people over the course of the past 10 years; or they are deliberately blind and deaf.

Hundreds of my constituents have expressed their deep bitterness at having to pay large amounts of money at a time when they thought they would be covered by our medicare system for surgery, operations and childbirth. Perhaps the members of the opposition, who are so blithe about this problem, are used to having their surgery without benefit of anaesthesia because in Metropolitan Toronto it is impossible to obtain anaesthetist service outside of the insurance plan. Inside the insurance plan, all of the anaesthetists in my community are opted out and extra bill—every single one.

Mrs. Marland: On a point of order: In fairness to the House, I would like to ask the member for Bellwoods to retract his statement—

Mr. Speaker: Order. Is the member asking the member for Bellwoods whether he will accept a question?

Mrs. Marland: Yes.

Mr. McClellan: I will accept a question at the conclusion of my speech.

There is the question of deterrence, which is a matter of scientific fact, a matter of everyday observance for those of us who have the honour to be in this House and represent constituents. Second, there is the question of cost. Now that the Canada Health Act has been introduced, according to the figures that I have, the total amount that has been paid out in extra billing by patients in this province, since the Canada Health Act was proclaimed in July 1984, was in excess of \$100 million by the end of May.

The people of this province have paid over \$100 million in extra billing fees since the Canada Health Act was proclaimed on July 1, 1984. For the Conservative Party to say that extra billing is insignificant, that it does not affect anybody and it is not important, is sheer and absolute rubbish.

Mr. Davis: That is only if you believe in socialized medicine.

Mr. McClellan: That brings me to my third point: Do I believe in socialized medicine, and does the Conservative Party believe in socialized medicine. The answer, of course, is no. The Conservative Party and their friends in the

Ontario Medical Association do not believe in socialized medicine. They do not believe in medicare. They have fought medicare ever since it was conceived, ever since it was introduced in Saskatchewan, ever since it was proposed for Ontario.

This is not the first doctors' strike we have ever had. My friends in the Conservative Party have been out there on the picket lines cheerleading and egging on the doctors in their increasingly extremist and irresponsible behaviour. I do not know who is being more irresponsible, the doctors of this province or the Conservative Party of this province.

It is not the first doctors' strike we have had.

Mr. Davis: It is called justice and fairness.

Mr. McClellan: The first strike we had was in Saskatchewan when the New Democratic Party government of Tommy Douglas introduced medicare. That was the first time the doctors in this country went on strike. It was not against fees. It was not against extra billing. It was against the principle itself of socialized medicine; it was against the principle of medicare. That is why they went on strike the first time. There was a historic compromise in settling that strike.

6:50 a.m.

In retrospect it is clear that the compromise that is now called "extra billing" was indeed a Trojan horse which was brought into the medicare system and which threatened it from inside. We have recognized that fact some 25 years later. We cannot preserve and protect and keep and continue a medicare system as long as the Trojan horse of extra billing is inside.

Other countries have had the experience of a discrepancy between what the doctors are allowed to charge and free-enterprise medicine. The amount payable under the medicare insurance plan has risen to the kind of gap that has existed in Ontario, in the order of 30 per cent to 40 per cent. We have seen that rise in other countries to 80 per cent or 90 per cent. We have seen medicare systems deteriorate to the extent that the insurance plan reimburses patients for a tiny fraction of their medical fees, in the order of 10 per cent to 15 per cent. When extra billing is allowed to continue inside a medical insurance plan, it is simply a matter of time before the people demand private insurance and co-insurance to cover the differential.

Mr. Davis: Just as in England, where labour is now asking for private insurance because it does not like state medicine.

Mr. Mackenzie: The member does not know very much about labour. That is obvious.

Mr. Davis: Want to bet?

Mr. Speaker: Order.

Mr. McClellan: We do not want the kind of combined free-enterprise/public-enterprise system that is in England. We do not want that here. We do not want the rich having to set up their own clinics; we do not want clinics such as those set up for the oil sheikhs on Harley Street in London. Literally hundreds of millions of dollars of health care resources in Great Britain are dedicated and devoted exclusively to the rich. That is what two-tiered medicine leads to.

In the past 25 years, my friends in the Conservative Party have never accepted in their hearts the validity of medical care and socialized medicine. Still in 1986 they throw back the taunts, "Members of the third party support socialized medicine, and we do not." Of course we support socialized medicine. Everybody in Ontario supports socialized medicine with the exception of two groups, the Ontario Medical Association and its political lackeys in the Legislature, the Ontario Progressive Conservative Party.

The Conservatives are equally out of touch with the people of this province. The Conservative Party does not have the courage to stand up openly and say what it says about socialized medicine in its snide, jeering heckles from the sidelines. We know what its members mean when they defend extra billing. We know what they meant when they egged on the doctors to more and more extremist behaviour during the debate on Bill 94. We recognize their attack on medicare for what it is, and we do not intend to knuckle under to their blackmail. We intend to see this bill passed, and that is why it is going to be passed at one o'clock today. My Conservative friends can howl and jeer and weep and carry on with their friends in the Ontario Medical Association.

Later today in Hamilton, starting at about nine o'clock, our party will be having its annual convention. The first item on the agenda is a tribute to Tommy Douglas, the man who brought medicare to this country and the man who took on the Saskatchewan Medical Association and the Canadian Medical Association in the first strike against medicare.

We in the New Democratic Party are honouring his memory here today in the best way we know. We are ending extra billing in Ontario today, and we are preserving medicare for all time in this country.

Time and again in the last few years of his life, Tommy Douglas warned us in the New Democratic Party about the threat to medicare that extra billing represented. He told us in our councils and at our conventions that two generations had fought to bring medicare to this country and he said, "By God, nobody is going to take it away from us." We say again to those inside and outside this Legislature who are waging a strike against medicare—threatening the patients of our province, threatening to sit on the curbs while the ambulances pull up to the front door and the funeral director pulls up to the back door, those who make those kinds of threats—

Mr. Davis: Where is that happening now in Canada?

Mr. McClellan: That is what doctors in this province are saying in 1986 as they wage a last-ditch fight against medicare. I say to them, and I say to their friends in this assembly in the Conservative Party, medicare is here and they will not take it away from us.

Mr. Speaker: Are there any comments or questions for the member for Bellwoods?

Mrs. Marland: I have a question. The member for Bellwoods made a very grave statement at the outset of his comments this morning.

Mr. Jackson: That was "grave," not "great."

Mrs. Marland: Grave, g-r-a-v-e. It was grave in the extent of its error. He said there were no anaesthetists available in Metro Toronto because they all extra bill. I would like the member for Bellwoods to place before this House the record of every anaesthetist in Metro Toronto and the fact that they extra bill. I recognize he may not be able to do that today, but I look forward to having it in the future. Otherwise, I will accuse him of misleading this House. He made a major statement that is totally inaccurate and I take strong exception to it.

A 72-year-old constituent of mine had a triple bypass performed at the Toronto General Hospital by the leading cardiovascular team in Canada, which involves about eight specialists, one of whom is an anaesthetist. My constituent has not received a single bill from any of the physicians and specialists on that eight-man team.

If the member for Bellwoods would like to keep his record clear, he can tell us each and every anaesthetist in Metro Toronto who extra bills, or I will accuse him of misleading the House. If he has that evidence now, I would like him to comment on it.

Ms. Gigantes: But does the anaesthetist extra bill?

Mrs. Marland: Mr. Speaker, do I have the floor to ask questions of the previous speaker?

Mr. Speaker: For about six seconds.

Mrs. Marland: Do I have to have the interjections so that I cannot hear?

Mr. Speaker: The member's time has expired. Are there any other comments or questions?

The member for Bellwoods may respond for up to two minutes.

7 a.m.

Mr. McClellan: I will respond very briefly. I do not want to egg my friend on to unparliamentary language, but the statistics that I quote are published every year in a book, whose title I have forgotten, put out by the Ministry of Health.

Mr. D. S. Cooke: It shows all the opted-in doctors and there are no anaesthetists.

Mr. McClellan: It shows all the opted-in doctors and there are no anaesthetists. It is a matter of record that is published by the Ministry of Health. It was published as part of the Conservative government's response to our anti-extra-billing campaign.

Mrs. Marland: There is a difference between—

Mr. McClellan: If the member for Mississauga South (Mrs. Marland) wants to go back to the bad old days—

Mr. Speaker: Order. I remember the member for Mississauga South saying a few minutes ago that she did not like interjections. Please.

Mr. McClellan: The member for Mississauga South is talking about charity medicine. It is a fact that the anaesthetists in this community are all opted out and all extra bill. The only way we can get away from an extra bill from an anaesthetist is to plead, beg or go down on one's knees and say, "Please, sir; please, your reverence; I do not want to have to pay this bill because I cannot afford it." This is the point we are trying to make in this whole debate. Charity medicine in Ontario is dead.

Hon. Mr. Riddell: It was not my intention to enter into this debate until I was given to understand that many doctors throughout the province have been misled into thinking there is more to this bill than banning extra billing. This bill is all about extra billing. It bans extra billing; nothing more and nothing less. It does not take freedoms away from doctors. Unfortunately, some of the comments that have been made—

Mr. Jackson: On a point of order, Mr. Speaker: The member is clearly indicating a statement that is incorrect with respect to the content of this bill.

Mr. Speaker: The member does not have a point of order. He does not agree with what the other member is saying, but he does not have a point of order.

Hon. Mr. Riddell: It is obvious that the doctors have been misled into thinking there are things in this bill that are going to take away their freedoms, that they are not going to be able to see all their patients, that everything they do is going to be dictated and that it is going to lead to state medicine. It is absolute nonsense.

I noticed that some of the Conservative members were passing one of the daily papers around and putting it in front of the members who were speaking on the bill. I have no idea what article they wanted to draw to the attention of those members, but I think the members opposite should take a look at an article that appears in today's *Globe and Mail*, written by Jeffrey Simpson. This article sums it up very well. Some of his comments are worthy of note when we talk about taking doctors' freedom away. Jeffrey Simpson states:

"In a sense, the doctors' position, now wrapped in pejorative declarations about 'freedom,' began eroding in Canada decades ago. The erosion started in Saskatchewan and later spread across the country, so that free-market medicine, from which extra billing emanates, was rejected as the principle underlining health care.

"The doctors' strike, therefore, is the final desperate struggle against an irreversible tide of public opinion. When the struggle is lost, as it will surely be, feelings will be sorely wounded, but such is the price paid by those who hurl their own naked self-interest against the greater social good.

"As often happens in these disputes, terms are thrown around with loose abandon." I believe that has been the case for the 42 days we have been listening to debates in this Legislature and in committee. Getting back to what Mr. Simpson says:

"The striking doctors claim that their 'freedom' is at stake. The only freedom truly at stake is that of charging what the market will bear, since no one is interfering with their freedom to choose a profession, to practise it where they will, to relate to patients as they choose or to extract from society on average the highest incomes.

"Regrettably for many doctors, Canadian society determined in the Sixties the principles on which it wanted to organize the care of its citizens. Those principles did not include the application of the free market in medicine, with all the rewards and penalties, burdens and benefits associated with the free market.

"The principles were thoroughly debated in the '60s at the inception of nationwide medicare. They were reaffirmed in the Canada Health Act of 1984," which, I must say, the Tories unanimously supported at that time. "If anything, whatever doubts sceptics harboured about the nation's decision have largely dissipated.

"It is immensely sad to see doctors shredding their credibility by prolonging the insensate and increasingly injurious strike."

Doctors, being the honourable people they are, will surely stop trying to confuse this issue. This issue is nothing more and nothing less than the banning of extra billing.

Mr. Jackson: I am a little disappointed in the previous speaker's comments. I would ask him to consider, if he is so concerned about the doctors' position and about why they are taking their concerns beyond what he thinks are the limits of this bill, whether he would not be concerned as a professional if the Premier made a statement in London, Ontario, that there were too many doctors and that clearly the agenda for the Ministry of Health would be to restrict the numbers of doctors.

Would he not, as a professional, as a medical practitioner, be concerned when the Premier indicated in a radio interview in Kitchener that there were not enough private moneys in the health care system and that we were going to have to consider a sick tax or some other mechanism by which to inject private funds into the system?

Does the member not agree, and why would he accept, that when the Ontario Medical Association asks for negotiations, when it asks to sit down at the bargaining table, in the opening salvo the Premier (Mr. Peterson) advised them of his contempt for the doctors by calling them overrated and overpaid gougers?

The member states with some authority that the doctors are in some way overstating their case. Their fears are not imagined; their fears are real. Upon a closer examination of the content of this bill, the member would realize that the doctors are going to be subjected to regulations that would set administrative charges. No wonder this province is concerned with politicians and their promises from any political party when

Physicians' Services Inc. is abandoned in favour of the Ontario health insurance plan and they are told there will be a 10 per cent gap between the OHIP rate and the OMA fee schedule. It is now 25 per cent.

Now the government is talking in this bill about loading on additional administrative charges. No wonder the public of Ontario, not just doctors, feels so insecure about promises from any politician.

I ask the member to respond to the four questions I have posed to him. Why would he limit this discussion entirely to a perception that this bill is only about extra billing?

Mr. Speaker: Are there any other members who wish to make comments? Do you have a question?

Mr. Ward: I want to—

Mr. Davis: What about the Minister of Agriculture and Food (Mr. Riddell)? Does he not get to respond?

Mr. Ward: He does get to respond. The member opposite should come to the House more often and he would understand that.

I congratulate the Minister of Agriculture and Food for an excellent speech—

Mr. Davis: Speech? He read it, for heaven's sake, and a reporter had to write it for him. He did not have the ability to do anything else.

7:10 a.m.

Mr. Ward: It clearly identified the issue and clearly indicated some of the confusion that members such as my reverend friend the member for Scarborough Centre (Mr. Davis) insist on instilling in everyone. I remind my two friends who sat on the standing committee on social development that it was their leader who came to that committee first and asked: "Why are we dealing with this issue? The real number-one issue in health care in this province should be to address the problems of physician manpower supply." They raised that issue first and they know full well that Bill 94 addresses one aspect of medical care, namely, extra billing by doctors above and beyond the Ontario health insurance plan rate.

Mr. Villeneuve: I have a few notes I would like to put on record. I believe the Minister of Agriculture and Food read an editorial. I would like to know what newspaper he read it from.

Second, I recall him as a champion of free enterprise and such things. He is concerned that free enterprise is not working in the health care delivery system. How have we had such a good system to this point? The Premier has stated he

will try to put the pieces of the health delivery system back together. How, if the pieces are all over the place? I well recall not very long ago this province had the best health care delivery system anywhere. What has happened to the member who used to be the champion of the entrepreneurship, the free-enterprise system? He is speaking like a socialist. Could the Minister of Agriculture and Food please explain what has happened to him?

Mr. Davis: It is called "power corrupts and absolute power corrupts absolutely." I hope the member heard that.

Mr. Speaker: Order. I would like to inform the member for Scarborough Centre that interjections with great volume are certainly out of order. The member for Windsor-Riverside.

Mr. D. S. Cooke: I would like the minister to tell us what it was in our arguments we presented time and again that finally convinced him to support the New Democratic Party position? For 16 years our party supported a ban on extra billing, and for many of those years we took that position by ourselves. The Premier said in the late 1970s that extra billing was a necessary safety valve for doctors.

Ms. Gigantes: It is a great pleasure to have the honour of participating in this debate. As my colleague—

Mr. Speaker: Order. Have you any questions on the comments by the Minister of Agriculture and Food?

Ms. Gigantes: None at all. I fully endorse his comments.

Mrs. Marland: Is he going to respond?

Mr. Speaker: Yes, after any other members ask questions. The Minister of Agriculture and Food has up to two minutes.

Hon. Mr. Riddell: I did not realize that my few brief comments would spark such a response from the opposition members. It surely must have been one of the livelier sessions since this thing started at 3:30 yesterday afternoon.

I cannot comment on what the Premier said. I was not in the parts of the province where he made the statements the Conservatives allege. They would not expect me to comment on that. If I am around and hear somebody make a statement, then I am in a position to comment on it, but I did not hear the statements made and I certainly have no intention of commenting.

As far as negotiating is concerned, there were 11 attempts to negotiate with the medical profession. As far as I am concerned, in those negotiations they were offered the best of all

worlds, yet the doctors refused even to listen to the offers made by the Minister of Health (Mr. Elston). They took the stand that, unless the bill was withdrawn, unless we decided to scrap a bill which banned extra billing, they were not prepared to listen to anything. That is the fact of the matter. There were many attempts to negotiate with the doctors, so let us not further confuse the issue by saying this government did not try to negotiate with the doctors.

Mr. Davis: On a point of order, Mr. Speaker: I believe the member for Windsor-Riverside asked a question to which the minister failed to respond.

Mrs. Marland: At the outset, I request the indulgence of the members in this House. There are members in the Legislature now at 7:15 a.m. who have been here as long as I have, which is since 1 a.m., and I respectfully request that the members who are newly arrived and slightly fresher than the rest of us might show a little courtesy and perhaps limit their interjections until the time at the end of the speech when they can ask their questions. In fairness, that little consideration might be shown. We have been showing it all evening and it has nothing to do with what we can withstand.

I feel there is some irony in standing at this time of the day, on this particular day in the history of Ontario, because I feel very seriously and very gravely that as this day dawns it will be proved to be one of the darkest days in the history of health care and the medical profession in Ontario.

I never really thought any member in any Legislature who was elected to serve his or her electorate would ever think he or she should completely ignore any portion of that constituency. There is not one member in this Legislature who does not have a portion of his or her constituency that is not concerned with the implications of Bill 94. There is not one member of the Legislature who does not have doctors in his or her constituency and people who support their doctors. The numbers do not matter. What matters, and I think it is very serious, is when elected representatives choose to ignore anyone whom they represent.

In this particular example of legislation, we have had an increasing demonstration by the Liberal government and its supporters, the New Democratic Party, of no caring and no compassion but everything for political expediency. If I were sitting in either of those two parties, I would have to look very closely at my responsibility.

7:20 a.m.

When we talk about whether we should be caring and whether we should be compassionate, we should look at the implications that are already before us. I do not yet have an example of anyone who has died from extra billing, but we certainly have, unfortunately, many examples of people who have died because of the lack of accessibility to health care in the purest sense. In the purest sense, I would be talking about surgical beds.

About two weeks ago, I told the House about a neighbour of mine who had been tested and evaluated at Toronto General Hospital and had proved to be an ideal patient for a triple bypass. This man had always been very healthy. He had been a referee with the Canadian Football League. He had congestive heart failure about six weeks prior to May 28, at which time he was hospitalized in the Oakville hospital and in intensive care for three or four days.

When he recovered from that intensive care, he was sent to Toronto General Hospital, where he received the tests and evaluation. They were happy to tell him that in 1986 he would not have to risk the loss of his life because of the condition of his heart. However, he would have to go home to wait for a hospital bed, perhaps for two or three weeks.

He waited for two or three weeks, and he waited another two or three weeks. The day before the end of six weeks, he had a second heart attack at home. In a day and age when we have enough loss of life because of things we do not yet have remedies for—such as cancer and other diseases, and certainly always the tragedy associated with unavoidable motor-vehicle accidents—it is a terribly sad example when a 53-year-old man dies in 1986 of something he did not have to die of. If he could have had a surgical bed, he would be alive today, because he was a prime patient for that procedure.

I would like to point out that the team which saw him at Toronto General Hospital had not extra billed, although, again, they are the same team of specialists to which I referred earlier. In the particular case of John Mee, he actually told us that—whether or not he had good results from it—if he had the choice of having the surgery, and having it soon by paying for it, even by going to the United States, so he would not have to go through the anxiety of waiting, he might in fact go to the United States and pay for it.

He said: "I would even think of remortgaging my house, selling my car. It would be my choice to do whatever was necessary to finance my

return to good health." That was a choice he felt he should have. Unfortunately for John Mee, he did not live long enough to make that choice.

Mr. Speaker, you permitted the member for Huron-Middlesex (Mr. Riddell) to read from the *Globe and Mail*, so I am sure you will permit me to read from a comment delivered on February 12 of this year in a broadcast over CFRB by Charles Doering. He said: "I like what Conservative leader Larry Grossman is saying about the doctors, his sane approach to the proposed legislation on extra billing, his reasoning as to why the Peterson government is charging forward with a 'damn the torpedoes...full speed ahead' approach."

Hon. Mr. Nixon: "Signed Allan Grossman."

Mrs. Marland: That is in inverted commas.

"You see, Larry points out there are better ways to achieve the goal of universal accessibility. Other provinces have done it without starting a war with the doctors. Without driving wedges of divisiveness in society."

"He points out that Premier Peterson says he won't withdraw the legislation and sit down and negotiate with the Ontario Medical Association. Why not? Other provinces have demonstrated they can arrive at settlements. They did not threaten the doctors with a \$10,000 fine and create a climate of hostility and confrontation.

"And when it comes to money, Mr. Grossman says if the Peterson Liberals push ahead with this bill and are forced to close the gap between the OHIP fee schedule and the OMA fee schedule, it will cost the taxpayers of Ontario \$660 million."

"Mr. Grossman has sensible suggestions. Explore alternatives with the medical profession. Ask them if they would consider that all seniors, the needy, the hospital-based services receive no extra billing."

I point out that this was in February 1986.

"Vastly increase our resources in community health clinics and in specialties where extra billing may threaten the principle of universal accessibility. Ask the OMA to suggest their own alternatives for compensating physicians.

"Mr. Grossman asked the Peterson government to repair the damage which has been done to the fabric of the health care system. To close the chasm it has fostered. To provide all Ontarians with full accessibility to quality health care. But Peterson has gone ahead, and as Mr. Grossman points out, the reason is obvious. He is caving in to the dictates of the New Democrats, because that is the price David Peterson has to pay in order to remain in power. He has to fulfil his

agreement with the NDP at whatever cost. And that is not good for the people of Ontario."

So said Charles Doering on February 12, 1986.

What is very interesting is that we heard a few minutes ago about the concerns of the member for Bellwoods (Mr. McClellan). The member said: "Today is a great day. Today is the dream that the New Democratic Party has been dreaming since" whatever year. He said the New Democratic Party is the party responsible for health care in the first place in socialized medicine in this province.

The member for Bellwoods' comments are an indication of the limits of the intelligence and understanding of the members of the New Democratic Party. Because of their limited intelligence and understanding, they fail to recognize that it was not the New Democratic Party which introduced a health care insurance system in this province, as those of us who have intelligence and understanding know. It was the physicians themselves who introduced an insurance scheme to protect the people who became sick in the province.

7:30 a.m.

When one reflects on the Physicians' Services Inc. insurance scheme, it is rather interesting that going back all those years, which I think is in excess of 47 years, the physicians then, as today, cared enough and were concerned enough about their patients that they organized Physicians' Services Inc. Today the New Democratic Party, with the support of the Liberal government, wishes to penalize the profession that all these years has protected the health care of the patients of Ontario whilst giving them a service.

When we talk about cost, how interesting it would be to go back over the six months and come up with a figure as to what it has cost the province in terms of senior staff time; physicians' time; the time of members of the executive and board of the Ontario Medical Association, who do not receive any remuneration for their service in the interest of public health in this province; all the people, all the staff and indeed all the members of this Legislature who have been involved in this issue, this so-called extra billing. When we look at the health care budget of approximately \$8.3 billion and we recognize that OHIP billing is 19 per cent of that and extra billing is one per cent, I am quite sure that for all the time and all the people who have been involved in this debate in the past six months, we have well overspent the amount we have been

quibbling about; namely, the amount that is extra billed.

There is no question that if third reading of this bill passes today, we will be dealing with more than things that are on the table. We are obviously dealing with a lot of other things that are under the table. I think it was the member for Huron-Middlesex who said, "All we are dealing with is extra billing." Is that not interesting? That is what the doctors and patients in the other provinces thought. They, too, thought what was happening all had to do with extra billing. They had no idea it would involve limiting the number of doctors in training. That goes without saying.

If a doctor practises in British Columbia today, he does not have a choice of where to practise. He is not given a billing number except for the geographic location where it suits the government to have him practise. They limit the number of doctors by that process and they limit the salaries. Therefore, they limit the patients' choice of physician. They limit how and where the treatment is rendered and what the treatment is. They limit the number of tests and therefore the decision-making of both the patient and the doctor.

As long as Ontario is not the Union of Soviet Socialist Republics, I have to ask, why is it we are so interested in forcing one of our groups, be it professional or nonprofessional, and in this case it is a professional group—

Ms. Gigantes: What if all the teachers lived in Mississauga?

Mrs. Marland: That is very interesting; I am coming to the teachers. Why is it we are deciding, and I say "we" in the "royal we" sense, the majority of this House—

Mr. Wildman: In the "royal we"?

Mr. Barlow: Some are more royal than others.

Mrs. Marland: How is it that the Liberal government and the New Democratic Party think we will tell the doctors that they will work for the government? How is it that we do not say to the teachers, to the plumbers, to the electricians, "You will work for the government"?

Mr. Wildman: Whom do the teachers work for? They do not work for themselves.

The Acting Speaker (Mr. Morin): Order, the member for Algoma (Mr. Wildman).

Mrs. Marland: Since so many of the New Democratic Party members are teachers, I wonder how they would feel if the government said to the teachers: "Not only will you continue to work for this board of education for the rest of

your life, but you will also stay in this school for the rest of your life. You now are going to be controlled by the government. Your salary will be set by the government, not by your professional association. You will remain in this school. You will remain teaching with this board."

Is that not an innovative form of thinking? Would it not be interesting to compare the doctors with, let us say, the plumbers? Of all the self-employed plumbers, who are highly successful businessmen, very hardworking people and professional in their area of responsibility, I am sure not one in this province would choose to have the government tell him where he was going to work, what he was going to earn or where his future lay.

We have heard a lot about democracy in the past six months, and the one salvation for this province—indeed, for this country—is that we still are a democracy. Under a democracy, not only do we have the choice of whom we elect to represent us but we also have individual choices to follow as to the vocation we choose; or perhaps, as some do, we choose not to work at all. As long as we live in a free country, that freedom must be available for everyone, for every professional, every blue-collar worker and every nonprofessional.

Perhaps I might more easily accept the legislating of doctors to work for government if there were an arbitrary decision that everyone would work for and be controlled by government. However, in this day and age, thank goodness, that is not the wish of the people of this province or of this country. There is a slight difference, fortunately, between Canada and Cuba and any other communist country. We still have freedom of choice. Thus, I fail to understand why we have selected one profession and said, "Thou shalt work for the government."

The funny thing is that we seem to treat doctors with less respect, regard and even common understanding than any other person who is employed. The funny thing is that when a plumber makes a repair to a pipe, if the work is not done properly and the pipe leaks, that is the only problem: the pipe leaks. There is no risk, although there may be some flooding and some damage where the water is leaking.

In a surgeon's delicate neurosurgery, ophthalmic surgery or cardiovascular surgery—in any of those specialties, where technically we could talk about a vein, an artery or something to do with the eye or the brain in terms of the repair of a pipe—one minute mistake would cost the patient's life. Yet we seem to hold in complete

disregard the responsibility the doctor is willing to assume on the part of the patient.

7:40 a.m.

God willing, it will not be you, Mr. Speaker, me or any of those who are close to us, but if and when our families are faced with that kind of life-sustaining surgery, how is it that we could ever have the right to turn around to that person and say: "You are going to work for the government, Doctor. You are going to earn so much money. Furthermore, Doctor, if you want to work 12 hours a day, you will only be paid for eight hours because we are only going to allocate a certain amount of money for a certain number of procedures?"

Perhaps the members think this example does not exist in Canada. It exists in British Columbia today, where there are billing practices that restrict the number of certain types of tests that a patient can have and a certain number of procedures that a general practitioner can do. When a GP works in British Columbia, he is limited in the amount of gynaecological, obstetrical, and ear, nose and throat services he can do. After he has done the number he is permitted, if he has done them all by June and somebody comes in in July or August and wants that procedure done, he has to say: "I cannot do it for you because I have filled my allocation. Perhaps I can do it for you and not get paid for it."

That scenario does not exist 10 or 15 years from now in some other country. It exists today in British Columbia. Given the kind of mentality that generated Bill 94, there is no reason it will not evolve into that in this province.

We talk about whether there has been true negotiation in the past six months. The reason third reading of this bill should not take place is that there has not been negotiation in the past six months on both sides on this issue. There has, however, been tremendous negotiation on one side, and that is on the side of the Ontario Medical Association.

I referred to Charles Doering's comment of February 12, 1986. He listed the groups we have heard about, especially those the New Democratic Party was concerned about: the single mother, the person on subsistence allowance, the seniors, all these people we have been hearing were underprivileged and needed to have full and open access to any specialist, any opted-in or opted-out physician.

Is it not interesting that we now have a list from the OMA that gives us the concessions that have been made since February 1986? I wonder whether the members are aware of this list, in

particular the members of the New Democratic Party because they are the biggest thrust behind this legislation. It is for their purposes that I will read a list headed, "Concessions Offered by the Ontario Medical Association to Government in Context of the Bill 94 Dispute." It reads:

"In discussions prior to and since the introduction of Bill 94, the Ontario Medical Association has offered the following in an effort to reach an acceptable compromise:

"1. No patient over the age of 65 would be charged more than the OHIP rate.

"2. No patient receiving treatment of an emergency nature would be charged more than the OHIP rate.

"3. No patient receiving financial assistance from your government would be charged more than the OHIP rate."

The final paragraph addresses all the concerns of the New Democratic Party and the Liberal government. It is this: "In a further effort to honour both your concerns and ours"—this is the Ontario Medical Association speaking—"we offered to work with government to guarantee that every citizen of Ontario would obtain medical services from an opted-in physician, or from an opted-out physician—at the choice of the patient."

Mr. Wildman: Of the physician, you mean.

Mrs. Marland: I will read it again because there seems to be a misunderstanding. Perhaps if they knew what was on the table and what was being offered by the Ontario Medical Association today, they would see that it is not necessary to pass Bill 94 to address their concerns.

"In a further effort to honour both your concerns and ours," the Ontario Medical Association says, "we offered to work with government to guarantee that every citizen of Ontario would obtain medical services from an opted-in physician, or from an opted-out physician—at the choice of the patient." This is a list of the Ontario Medical Association's concessions, addressing all the concerns that have been raised in all the arguments and all the rhetoric we have heard from both sides of the House.

It is interesting that one gives people what they have been asking for, yet they are so blind and have blinkers on. They have chosen this only for political expediency, not for the sincere protection of health care for the people they represent. That protection is here; they now have it. However, they have gone flag-waving down the road on their great white chargers of salvation and they cannot back away.

They do not have the decency to be honest. I would not care even if they wished to take the credit for it. However, they do not feel they can own up and be honest enough to say that all these things are the things they were championing in the cause of the need for Bill 94 six months ago.

When I look at this list of concessions by the Ontario Medical Association, I see one thing missing and that is a list from the Ontario government of what its concessions have been. Of course, we do not have any negotiations because all the concessions have been on the part of the doctors of this province. I do not have a list of any concessions by the government.

I see that the Minister of Health (Mr. Elston) has arrived. Perhaps the minister will do me the honour of hearing the list of concessions offered the people of Ontario in terms of their health care.

This is the irony. All the concerns that were asked for have been finally addressed and conceded. Still, there is political expediency, which proves once and for all that it is not health care these elected representatives care about; it is purely their own politics. This is a dark, sad, gloomy day in the history of Ontario.

I am encouraged to know the Minister of Health has arrived because another reason this bill should not be given third and final reading today is that I have an indication in my hand of the kind of thing happening today prior to this legislation being in place. If this is the kind of thing that is happening today, I have even graver concern for what will happen afterwards.

7:50 a.m.

The minister received a letter about seven weeks ago from a patient with whom he is very familiar. The mother of the patient is Mrs. Lori Mcleod. Mrs. Mcleod has two children who require craniofacial surgery. Mrs. Mcleod is the president of a group called About Face. It was with great interest that I listened to the member for York South (Mr. Rae) earlier this week. In great drama, he stood up and showed tremendous concern about the cancellation of a cleft-palate procedure that day. This procedure was to be performed by Dr. Ian Munro.

How ironic that of all people in this Legislature, the member for York South should suddenly be concerned because a procedure to be performed by Dr. Munro had to be cancelled. It is too bad that concern was not here six months ago when we were all concerned about Dr. Munro.

Now that Dr. Munro is going, an unlimited number of his present patients and patients who will need his services in the future are left in

jeopardy. The Minister of Health says there will be other, equally competent doctors who will be able to take Dr. Munro's place and perform that craniofacial surgery.

I would like to take a minute to tell the members about the Mcleod children. When they were born, to use their mother's words, they had extremely gross faces. I have seen photographs of these children when they were born. Their eyes were at the sides of their faces, almost where ears should be, and one was up and one was down. They did not have mouths. Their brains were extruded through the tops of their skulls. They were so incredibly gross that they were covered up in their bassinets and put at the back of the nursery. That was where this mother found those children and she chose to adopt them.

The first operation on one of these babies was done in Winnipeg by someone who was supposedly a specialist in craniofacial surgery. At the time the operation was done, the child had full use of his limbs, and other than his appearance, was a totally well, normally functioning baby. After the surgery and to this date, this child is paralysed down one side of his body. The tragedy is not the failure of the surgeon, who with all good intent was trying to help the child. He did not have the skill or the experience of Dr. Ian Munro.

As always with craniofacial surgery, which involves operation on the brain, ophthalmic surgery and everything to do with the head, there is a tremendously high risk. In that case the surgery was not successful. However, that mother heard about a doctor, Dr. Ian Munro, who was a specialist in Ontario. For two and a half years she brought the children to Dr. Munro in Toronto. He performed all the subsequent operations, to the point where the mother can take those children out shopping and they are attending a regular public school. Their ages are four and six.

By the time they are teenagers, with progressive procedures by someone of Dr. Munro's skill, these children will have faces such that when they go into a room no one will take more notice of them than of anyone else in the room. The members will realize the concern about the impact of Bill 94 when we do not have any assurances today from our Minister of Health about the future of patients such as those in the Mcleod family. They will also recognize that these surgical procedures cannot be done in two years; they have to be timed with the physical growth and development of the children.

On May 2, the mother, Lori Mcleod, wrote a letter to the Minister of Health and he owes a reply to this mother before he passes Bill 94. Bill 94 is called the Health Care Accessibility Act. This mother wants to know, where will the health care be accessible for her children?

Perhaps I should say that back in February, Mrs. Mcleod had a meeting with the minister in his office and she purposely brought her two children with her. She has five children under the age of eight, three of whom she has adopted, including these children with gross deformities. The minister has had these children climbing over his knee in his office. I am sure he has the same difficulty I have in recalling how these children looked. When I think of the appearance of these children today, I am warmed in my heart and am full of admiration for the courage that young mother has had and what she has done so far for these children. Her letter says:

"Dear Mr. Elston:

"In light of Dr. Ian Munro's announcement last week, the silence from your office has been a source of great distress to craniofacial patients who will no longer have access to appropriate care in this country. We anxiously await reassurance from you in a public statement that the government of Ontario will commit to providing coverage as outlined in its own Health Insurance Act, regulation 452, section 56-66, for the cost incurred by families who now must travel outside Canada to obtain care. We anticipate your prompt response."

That letter was dated May 2. The Mcleod child, who is almost six, has had 48 operations. If a six-year-old has had 48 operations, it does not take much calculation to work out approximately how many operations per year that child is faced with. Now that Dr. Ian Munro is going to Dallas, there is a requirement for travel costs, accommodation costs while they are there, and furthermore, there is the cost for the balance of the family whom they have to leave at home in Mississauga while they seek the only medical surgical care for their children, which is in the United States.

8 a.m.

One can understand the level of anxiety that has accelerated. This letter is dated May 2. However, the question was first asked of the Minister of Health in February. The reason I bring this to your attention today, Mr. Speaker, is to emphasize that if this is an indication of accessibility to health care today without the passing of Bill 94, then we naturally have grave

apprehension about what accessibility to health care will mean after today if that bill is passed.

I have appreciated the opportunity to speak again on Bill 94. This is the second time I have spoken on this bill. As I think about what I said when I first spoke back in January, I was being optimistic then that at the very least, through a process of negotiation, we would have a Premier who would recognize that every person residing in Ontario has an equal right to health care. If the argument is that every resident in Ontario has this equal right, it would follow that every resident in Ontario has an equal right to be heard. On this issue, it is not only the doctors who have not been heard but it is also the patients who have chosen to go to a doctor of their choice who have not been heard.

It is interesting when we hear how demoralizing it will be for people to have some coded identity to make them eligible to go to a doctor who extra bills. First, when only five per cent extra bill, we can appreciate how few patients that will involve.

I recognize it is eight o'clock in the morning and there are not a great number of us here, although some of us have been here since 12 o'clock last night. As we sit here this morning, I challenge that there is not a member in this Legislature who does not like to shop for a bargain. When one goes out shopping and one likes to bargain and barter, it is because one has appreciation for the value of what one receives. When seniors turn 65—indeed, when some of them are 60—they are eligible at some banks to have a banking privilege card. They do not feel at all embarrassed about applying for that privilege. They do not feel embarrassed about applying for their theatre tickets or airline tickets at a reduced cost because they are seniors.

It follows that they would not feel at all embarrassed about being identified as seniors and being eligible for the consideration the Ontario Medical Association is now willing to extend; i.e., that no patient over 65 years of age would be charged more than Ontario health insurance plan rates.

It is the same for the patients who have the Ontario drug benefit plan. It is no shame for them to want to benefit from a scheme which the Progressive Conservative Party introduced to the patients of Ontario for their benefit if they have that need for medication. How interesting it is that all the good things that have been done in the past, not only for seniors but also for people who have needed financial assistance, suddenly become demeaning. Suddenly, the New Democrat-

ic Party says, "It is demeaning to ask somebody to be identified as being in need."

The first time one ever gives out free transit tickets or a free transit pass to people on the street—in Mississauga the seniors ride free and I have given out free transit tickets on promotion days for Mississauga Transit—there is no embarrassment at all in people using the opportunity. The fact is, if they cannot afford it, it is an even greater joy that they have this opportunity. I want to tell the members that when we talk about the choices of people—

The Acting Speaker: Order. May I remind the honourable member that she must direct her remarks towards the third reading of the bill. The principles were discussed at the second reading.

Mrs. Marland: There is no need for the third reading of the bill to take place, because when the bill was introduced in the Legislature this list of concessions from the OMA had not been provided. I will simply close my comments by referring members of the Legislature to this list of concessions by the OMA, and ask the Minister of Health to furnish me with the list of concessions that have been made by the Ontario government in the interest of the health care of the people of Ontario.

Mr. Foulds: After listening to the lengthy remarks of the previous honourable member, I am struck by the phrase that logic is a stranger to her mind. She said during the course of her speech, "How would teachers or plumbers like it if they were treated like the doctors?"

I do not know of any teacher who, after his union negotiates a contract with the board of education and that agreement is signed, when he gets a child with a learning disability in his class, can then go to that child's family to say: "Your kid takes a bit more time. Your child has a learning disability and I have to spend extra time working with that child. I am going to charge you five bucks an hour more per lesson." Nonsense.

I do not know of any plumber who, after coming to an agreement through his union in the collective bargaining sense, after setting the hourly rate, can then go to his boss and say, "I want to charge \$5 an hour extra for the hour between midnight and 1 a.m." They either negotiate that in the agreement ahead of time, or it is not there. The parallelism is weak, to say the least.

I would like to know who is putting the patients at risk. Who is withdrawing services from the emergency wards? Who moved from Toronto to the US so that the case the member pointed out has to go to the US? Was it the

government that moved? Was it the health care scheme that moved? No, it was the doctors. This bill is about responsibility. The responsibility has to be that of the medical profession. If they are failing to provide the services that one wants, then the responsibility should be put right where it belongs: on the individual who makes the decision to move or to withdraw services.

8:10 a.m.

Mr. Wildman: I listened to the member for Mississauga South (Mrs. Marland). She talked at length about concessions that doctors were willing to make. She mentioned that doctors have said repeatedly they would not extra bill seniors or welfare recipients. That is basically talking about charity medicine, which puts the patient in the demeaning position of having to explain to the doctor that he or she cannot afford to pay, and puts the doctor in the invidious position of having to determine the financial situation of his patient before determining how to bill that patient. This is completely unacceptable in 1986. I find it extremely unpleasant to have to listen in this debate in the 1980s to arguments that we have heard since the early 1940s.

Even if we were willing to accept these so-called concessions from the medical profession, perhaps the member could explain how on earth that would meet the requirements of the Canada Health Act. How on earth does a promise not to extra bill seniors and welfare recipients deal with the federal legislation, which is administered by the federal Conservative government and states that there cannot be extra billing or this province will lose the funding that is transferred from the federal government to the provinces to assist in the health care system? How does that so-called concession meet the requirements of the federal legislation?

Mrs. Marland: It is always interesting to hear the debate about plumbers versus doctors in the context in which the member just referred to it. In fact, the doctor who goes out on a night call receives less than the plumber who goes out on a night call. I use a night call because that is usually the most expensive rate.

To answer the question about Dr. Ian Munro's move, I will tell the member that one of the main reasons Dr. Ian Munro has moved is that he knows how many patients he is capable of helping. If he saw his patients—I have tried to describe only two of them, but there are hundreds—he would recognize that, with the kind of success he has, he wants to help as many as he can because his surgery means—

Interjections.

Mrs. Marland: The member asked me a question. Why does he not do me the courtesy of listening to the answer?

His surgery is a matter of giving a child an opportunity to live normally and not be institutionalized. The reason he is leaving is that in Toronto he is allowed to operate from nine o'clock in the morning until one o'clock in the afternoon, and that man wants to work 12 hours a day. The reason he cannot work more than four hours a day is that there are no surgical beds available.

With regard to the eligibility for assistance being demeaning, it is funny. The members do not even listen, because when I was talking about demeaning I was saying it is not demeaning to get a special bank rate or a senior's pass. It is funny that when one talks about the Canada Health Act, as soon as the New Democrats lose the argument, they fall back on how one deals with the Canada Health Act. I will tell the members that one deals with the Canada Health Act by negotiation.

Ms. Gigantes: I am not going to fall back on the Canada Health Act. I will try to address my remarks to the principle of this bill and to the issues that have surrounded it in our discussions during the past many months and years.

Just in passing, I am sure my colleague the member for Nickel Belt (Mr. Laughren), who listened to the first speech by the member for Mississauga South (Mrs. Marland) and who was here through many of the hours she has spent in this Legislature, would have been very sorry to have missed her second speech. I know the depth of his admiration for the member for Mississauga South. However, I also feel a bit glad in my heart that he was not here. I know he would have been disappointed by many of the things she said.

Where do we start to deal with these many issues? It has been said time and again by the doctors and by the Conservatives that this bill involves far more than extra billing. This is true, because extra billing in itself is a threat to the system of public health insurance that we have. Therefore, any discussion of extra billing involves a discussion of the very principles of public health insurance. It involves a discussion of access to medical services by all those people who have to look in their wallets or think about their bank accounts before they seek a certain type of service.

The member for Mississauga South has repeated many of the notions the doctors and other members of her party have raised during the very intense discussions we have had over the

past few weeks about the principles involved in this bill. She talks plaintively about the government's unwillingness to negotiate. It may seem a little unkind of me, but it is precisely the government's willingness to negotiate on the principle of this legislation that has disturbed me most over the past several weeks and months.

It seemed to me at various points over the past weeks and months that the Liberals were looking for any way they could to get away from dealing with this matter in Bill 94. As a member of this Legislature and as a representative of people who care intensely about public health and public health insurance in this province and in this country, I was quite frightened that the Liberals were going to sell out. There were many indications that it might happen. We had a period of months where time after time we were told by the leaders of this government that they were negotiating with the doctors.

There is nothing to negotiate when it comes to extra billing. There are only two things involved to talk about; one is extra billing and the other is not extra billing. If we have made up our minds that there shall not be extra billing, there is nothing to discuss.

We see what we come to when we discuss the matter of not extra billing. We come to what the member for Mississauga South calls the "concessions" of the Ontario Medical Association. She is quite correct in calling them concessions because they come from people who have the power to concede. It is the rest of us, the nondoctors, the non medical-divinities of this province, who are the beggars, the applicants and the supplicants in this balance. We seek medical services. They decide what medical services we get, when we get them, where we get them, and up till now they have decided how much we pay for them.

There is nothing to negotiate, and the government has been mistaken in going through this business of so-called negotiation of a non-negotiable item. If we believe in the public health insurance system and if we believe that people have a right to medical service even if they do not have money, then there is nothing to negotiate when it comes to the question of extra billing. We shall have no extra billing and it is not negotiable.

Interjections.

Mr. McClellan: On a point of order, Mr. Speaker: The member for York West (Mr. Leluk) said my colleague's remarks had something to do with Nazi Germany. I would ask you to instruct him to withdraw those remarks.

Hon. Mr. Riddell: Come on; be a man.

The Acting Speaker: Will the member for York West use terms that may not be possibly offensive?

Mr. Leluk: Mr. Speaker, I withdraw my remark.

Ms. Gigantes: I had not even heard the remark so it did not bother me. I did, however, hear the remark of the Minister of Agriculture and Food (Mr. Riddell), who challenged the member who has withdrawn his remark to stand up and be a man. I consider that a little outrageous.

8:20 a.m.

The Acting Speaker: I remind the member that her remarks should be on the bill as accepted or not accepted.

Ms. Gigantes: The principle is either accepted or not accepted.

The Acting Speaker: The principle has already been accepted on second reading.

Ms. Gigantes: I am proud and pleased to be part of a caucus that has fought for the principle embodied in this bill, not only in its present form but also in its previous forms. Through decades, members of this party who have been elected as representatives, who have run as candidates and who have been volunteers have fought for this principle. We are proud and pleased to be able to support it today in the form in which we find it in Bill 94, with the Liberal government finally willing to go down the line and give it support.

When the member for Mississauga South talked about how she had little sense of people feeling demeaned when she handed out public transit tickets in the fair riding of Mississauga South, the image of Lady Bountiful came regrettably to mind.

Mrs. Marland: On a point of personal privilege, Mr. Speaker: I ask the member for Ottawa Centre to withdraw her comments which are a personal assassination of me.

Ms. Gigantes: I think Lady Bountiful is well known—

The Acting Speaker: Order. Will the member for Mississauga South repeat her comment?

Mrs. Marland: The member for Ottawa Centre made an outright personal slur when she accused me of standing and giving out transit tickets in Mississauga as Lady Bountiful. If she would like to ask me how that was done and why, I will be happy to explain it to her, but if she wants to be as ignorant as she is in making that slur, I do not even wish to discuss it with her. Mr. Speaker, you should ask her to withdraw that comment.

Ms. Gigantes: I meant no personal slur. If the member for Mississauga South considers it a personal slur, I will be happy to remove those words and have them stricken from the record.

The Acting Speaker: You say that you are happy to remove them.

Ms. Gigantes: I certainly am, Mr. Speaker. I intend no personal slur. It was the thought of the member for Mississauga South standing in the transit stations of Mississauga South and handing out public transit tickets to the residents of Mississauga South and finding that none of them was demeaned by this charity—and she stressed that—it was the thought that none of our poor people in this province who are forced to depend on government subsidies for income should feel demeaned if they get a special ticket saying they should not be extra billed by doctors, and that none of our senior citizens should feel demeaned in that way when they reach the age of 65 and are entitled under our laws and programs to certain benefits that people under 65 do not have as a matter of right.

I think she fails to understand that part of the pride of senior citizens has to do with the fact that all senior citizens, whether rich or poor, once they reach the age of 65 are entitled to programs and benefits that are universal. Therefore, no senior citizen feels demeaned in receiving those benefits. I often meet senior citizens who say to me: "I have lots of money. I do not need these benefits." I say to them: "Take them. Do what you will with them. Give them to the charity of your choice. Support programs that do not have government support, but do take them, because that ensures that every senior citizen feels entitled as a matter of right."

That is a very different thing from being given a special card by concession from the OMA to go and get medical treatment which is not extra billed.

When we talk about private enterprise, socialized medicine and that kind of notion, I want the member for Mississauga South to think about what a private enterprise medicine system looks like. She talks about the great concern this government is going to have to limit the number of doctors who will practise in this province. Let me point out to her that the number of doctors who practise in this province is a monopoly.

The government has licensed a number of individuals who make up that group to be self-regulating and to practise medicine in this province. They constitute a monopoly of medical service provided by physicians in this province. To decrease the number of individuals involved

in that profession would increase the amount of fees they could expect to charge. It would increase their incomes.

I do not think she understands that the medical profession is a monopoly. Under our so-called socialized medicine here in Ontario, this monopoly provides services where it wants, when it wants and to whom it wants. The doctors choose how many patients they see, what services are provided and what lab tests are run within a monopoly situation. The members of our medical profession have enormous freedom.

The member raised the spectre of controls on doctors' services, on lab tests, on the location of medical services and the locations where doctors have to practise, as in British Columbia. She talks about that as one of the awful outcomes of socialized medicine, as though Bill Bennett, who instituted all these practices, was similar to Fidel Castro. She compared the two jurisdictions of Cuba and British Columbia and she seemed to suggest to the observant listener that the kind of political regime which has brought about all those features of the practice of medicine that she does not like in BC was akin to socialist Cuba.

I wonder whether she would have voted for the New Democratic Party so that the Social Credit Party would not bring in these kinds of—

The Acting Speaker: Please address your remarks towards third reading of the bill.

Ms. Gigantes: All these issues surround the matter of extra billing. They always do, they always have and they always will, because extra billing is at the heart of public health insurance. The monopoly we have in Ontario in terms of medical practitioners is a monopoly that is free to practise as it wishes. That monopoly is assured payment by the government of Ontario, and the payment has been most generous.

8:30 a.m.

We know our physicians are hardworking and very talented and we know many of them are extremely dedicated, but it is important for the member for Mississauga South and other members of her party to remember that in the past year the average income for a general practitioner in Ontario was \$105,000, once the cost of overheads for the office, the receptionist, the nurse and so on was taken out. The average net income for a specialist was \$165,000. They are not starving. They work hard for their money.

Mrs. Marland: Thank you for that concession.

Ms. Gigantes: But they are not starving, nor will they starve.

Mr. Villeneuve: Nobody said they were.

Ms. Gigantes: One of the problems from the physician's point of view is that he has to decide who he treats, and how many patients he treats, each day, each week, each month. That, of course, governs the income, because we pay our physicians on a fee-for-service basis.

Any time the physicians of Ontario want to propose that they be put on salary so that they can spend as much time as they want with their patients, I am sure a government in Ontario would be willing to sit down and negotiate that. That might be a negotiable item.

Interjections.

The Acting Speaker: I cannot hear anything. I just cannot. Would the members please refrain from interjecting?

Ms. Gigantes: Thank you, Mr. Speaker. You are sitting near the wrong group; that is the problem, but I will repeat myself for your benefit.

I was saying that any time the physicians of Ontario decide they want to devote as much time to each patient as they can—that instead of spending 15 or 25 minutes with the average patient, they want to spend 45 minutes—they could make a proposal to the government of Ontario. They could propose that instead of being on a fee-for-service basis, they be put on salary.

If they wished to propose that they be put on salary, I am sure any reasonable government would be glad to discuss the matter. This is a negotiable item within a public health insurance scheme. However, that is not the cry we hear from the doctors, and it is not the cry we hear from the member for Mississauga South or her colleagues. The cry we hear from them is that if doctors are going to spend enough time with their patients, they have to extra bill, because the fee schedule—the negotiated contract of payment for service provided—is not high enough.

If the doctors want to negotiate around that, any reasonable government is going to listen. Perhaps the member for Mississauga South might encourage the members of her party and of the Ontario Medical Association to consider that kind of proposition, but I doubt that we are going to hear that kind of suggestion from her.

Time is money, and the doctors of Ontario understand that very well. The time, however, involves our money, and we have set up a fee schedule which was negotiated with the doctors. If the doctors want to have a different way of getting paid, they should suggest it.

I find it extremely surprising that a person such as the member for Mississauga South, a woman, should suggest that extra billing is not a problem. She must know that most gynaecologists in Ontario extra bill. And whereas that will not be a great concern to most members of this House—except in their relationships with women in this province—it should be a concern to her.

For her, for me and for the other women of this province, if you have to see a gynaecologist, you usually have to check your bank account or your purse first. That is a major problem; gynaecologists, anaesthesiologists—there are whole communities in this province where all the medical services are provided only on an extra-billed basis.

We heard the member for Mississauga South saying that she has never heard of anybody dying from extra billing. How does she know? How does she know which people have not gone at some time to which doctors because they were afraid of being extra charged? How does she know which people could not get an operation because they did not have the up-front money for the anaesthesiologist? How does one prove a negative? She is being naïve.

This bill does call into question all the philosophical matters that surround the issue of public health insurance and our medicare system. When we compare both service and cost to that of the American system, we thank our lucky stars that Tommy Douglas introduced public health insurance to this country when he did; that his absolute conviction allowed us to put into practice a system which has so well proven its benefits for the public of Canada that every government, including the Progressive Conservative government of Ontario under Premier Robarts, had to accept it. It was politically expedient.

Mr. Robarts, who liked to be called Prime Minister Robarts, said that medicare would come to Ontario over his dead body. He said it was a machiavellian plot. He gave in to that machiavellian plot. He gave in to it and lived to tell the story because it was politically expedient. That is what political expedience means. It means that the public has become so convinced of the benefits of our health insurance scheme that it will not let go. Nor will it allow extra billing to continue. I am proud and pleased to join other members of this Legislature in supporting the passage of Bill 94.

Mr. Speaker: Are there comments or questions for the member for Ottawa Centre?

Mrs. Marland: I am certainly glad that I had not slipped away for my rest because I would not

have wanted to miss the dissertation of the member for Ottawa Centre. It was like listening to Alice in Wonderland. When the member for Ottawa Centre asks why we should ask people to be identified for eligibility to these various plans, I have to ask her if she is not in favour of a plan like the Ontario drug benefit plan. Does she think that we should all have free drugs? We can all have free everything. We can have absolutely free anything and everything that we are willing to put on the taxpayers of this province. As a responsible parliamentarian, I am not willing to give out everything free to everybody because there is absolutely no proof that system works.

I lived in England when health care was introduced. I lived in England when everything was free as far as dentistry and eye examinations and glasses were concerned. Even in England, they decided that the system was not working and they started having a user-pay system.

Mr. Morin-Strom: On a point of order: Is there not a two-minute limit on questions and comments? I do not see the clock running and I am sure the member is well over two minutes by now.

Mr. Cureatz: On a point of order, Mr. Speaker: It is only appropriate that you add on the appropriate number of seconds already used up by the member who called the point of order.

8:40 a.m.

Mr. Speaker: I thank the member for his advice. We are having a little trouble with the clock but I am sure we will come close to the two minutes.

Mrs. Marland: I was very interested to hear the member for Ottawa Centre talk about the rates of incomes. I realize that from time to time the rates of incomes vis-à-vis the costs of overhead are published and every time they are published, they are different figures. I wonder whether the member for Ottawa Centre has considered the figures, for example, of a Toronto Transit Commission driver who, this past year, with very little overtime, could very easily earn \$66,000. Indeed, a friend of ours in that category did.

Mr. Speaker: The member's time has expired.

Mrs. Marland: I hardly think so, Mr. Speaker. The clock has just gone on.

Mr. Speaker: To compromise, we will give the honourable member 48 seconds more.

Mrs. Marland: When we compare incomes, we should also compare investments and education. There is a tremendous cost in education

today and we know that to qualify people have invested anywhere upwards of \$100,000. They have also invested seven or eight years without any income at all. When the member for Ottawa Centre talks about physicians wanting to be on salary versus fee-for-service payment, that is a very interesting question. She is quite right on one point, time is money, but if she wants the kind of medical care she is asking for, which is turnstile medicine, and if it were a matter of fees, then the member for Ottawa Centre would have 88 per cent of the opted-in doctors—

Mr. Speaker: The member's time has expired.

Hon. Mr. Nixon: I was glad to hear the remarks made by the honourable member, whose logic always burns with a gem-like flame. I am not sure we needed the clear re-enunciation of all of the crystal-clear reasons the doctors should not be allowed to extra bill, not that they do not bear reiteration and not that I do not agree with them. It seems, however, that we are approaching the end of that legal battle. We are just a few hours away from that.

Mr. Davis: We are just beginning.

Hon. Mr. Nixon: Probably that is my point.

I wonder whether the honourable member would put her undoubted intellect to considering what happens next, perhaps broaden her appreciation of the humanity of the situation and perhaps even of the problem. There is not much sense lashing the doctors or lashing the people who disagree with this bill, because the bill is about to become law. His Honour the Lieutenant Governor will be in here within four hours and without doubt it will become law.

How can we adjust ourselves to understand the outrage of the medical profession? I do not understand it. I might as well make that clear. I have read everything that has been said. The bill is about to become law. I do not think we are going to gain much more by lashing the doctors or anybody else with how wrong their position is, because the law is about to become the law.

It is necessary for members, such as the honourable member for Ottawa Centre, who has lots of brains, to give us the benefit of their views. Is it just to put our foot on their necks? What comes next?

Mr. Morin-Strom: I would like to comment on one of the issues brought up by the member for Ottawa Centre, on whether doctors should go on salary. The comments by the member on that issue were made in response to some interjections during her excellent address. The issue of

doctors on salary is a good one and perhaps it is a situation we should look at more closely.

In Sault Ste. Marie, we have an excellent example of many doctors on salary at the Group Health Centre. Perhaps that alternative health care model should be looked at in the future of this province.

The Group Health Centre in the Sault has about 40 doctors on salary. It was established in the late 1950s as a very innovative institution by the United Steelworkers of America. It is a health centre which anyone in Sault Ste. Marie and area can join voluntarily. No one was forced to join, but it had such success that today nearly 50 per cent of the residents of Sault Ste. Marie have joined the centre and are getting quality health care from that operation. Certainly, in my own case, my family finds we get as good health care there as we would get anywhere in this province.

I commend that as an excellent example of an alternative mode of health care that we should encourage in Ontario. It is a case where the doctors voluntarily have accepted the fact they are going to be on salary in that operation. It has turned out to be a tremendous institution, a leader in this province in the health care that we are providing our residents here.

Mr. Speaker: I believe that is all the time. The member for Ottawa Centre has up to two minutes to respond.

Ms. Gigantes: I am sorry the member for Mississauga South left before I could answer her questions.

Mrs. Marland: Oh no, I am here.

Ms. Gigantes: Oh, I hear her. Perhaps some time we should sit down and have a chat about the meaning of a progressive tax system and what, if used properly, it could do to enrich the public health system we have in Ontario.

To the Treasurer (Mr. Nixon), whose comments I appreciate as always, I suggest he reread the transcript of my remarks. He will find I made very many statements which thanked and acknowledged the work of the doctors in this province. I did not in any sense feel I was lashing the doctors nor do I feel this bill is lashing the doctors.

He asked innocently, as always, what we should be doing now and why doctors are so distressed. I tried to address that in my remarks by suggesting that time is money and a doctor who wants to spend a longer time with a patient can do that and still make lots of money if he extra bills. There may be an alternative which the medical profession would prefer. That is why I suggested that, if they are concerned about the

amount of time they spend with patients, they should look seriously at salaried physicians in Ontario as opposed to fee-for-service physicians. I am sure he will want to take that under consideration too, though I am sure he would rather it came as a proposal from the doctors of Ontario, with whom the Liberals so much enjoy negotiating.

Mr. Barlow: I really wish it had not come to this day when we have to stand up and once more try to convince members of this House of the necessity of not voting for third reading.

Mr. Wildman: If the member does not feel like doing it, he should not.

Mr. Barlow: I did not say I do not feel like doing it. I said I wish I did not have to.

Members of the Progressive Conservative Party were spontaneous in their response when this bill—which was formerly called accessibility to medical care or whatever it was called before; it has a new name now—was introduced. It struck us all exactly the same way. It is something that will throw the medical system in Ontario into chaos. That is exactly what has happened.

The people in Cambridge who have called and come into my office have trouble understanding. They understand there is a “we” and a “they” in this situation. There are the doctors standing up for what they believe is right and opposing what they believe is totally wrong. This is a position I and the members in my party have taken, that this is totally wrong. People come to me and ask: “Why are you fighting it? Why are the two socialist parties in the Legislature sponsoring this bill?”

Mr. Wildman: Two?

8:50 a.m.

Mr. Barlow: Yes, the socialists and the Liberal socialists. I would like to try to explain to them. As a matter of fact, I had an interview lined up today with one of the local newspapers which, of course, I had to cancel because of the timing, and being here to support what I feel is the right position in this matter.

The government does not understand that the doctors are not fighting on a money issue. As we know, most of the doctors who are opposing this bill are not opted-out doctors. Most of them are doctors who operate within the medical system and accept the Ontario health insurance plan fee for service. The government does not understand why those doctors are concerned and oppose this bill.

People have to realize the doctors hear about this \$50 million, which is an amount that nobody

is able to prove, or has even attempted to prove. That is not an accurate figure. It may be that much, it may be less, it may be more. It is a figure somebody has pulled out of the air that Ontario is not receiving until such time as the doctors cease the extra billing.

They do not understand the government has proposed some form—and we do not know yet what it is—of excellence fund to reward doctors who are the most skilled in their profession, such as specialists in their various fields of practice. Who knows how much that is going to cost. It will probably cost 50 per cent, 100 per cent or 500 per cent more. Nobody knows how much more it will cost to install, to implement this so-called excellence fund to reward certain doctors for their particular skills.

As far as the \$50 million is concerned, if that is what the debate was about, and is the reason for the implementation or introduction of this bill in the first place, it is going to prove to be peanuts. The Treasurer, who has now left, is really going to have a problem trying to balance the financial books once the excellence fund is introduced.

Once again, it will come down from on high with no negotiation, no discussion with the doctors. For all of this period of time the doctors have been trying to negotiate. They wanted to talk to the ministers. They have asked for this bill to be withdrawn so they could sit down and talk.

Mr. Wildman: They can talk without it being withdrawn.

Mr. Barlow: They have lost faith in the government. The government would not negotiate meaningfully all throughout the hearings. Why should they have any trust in the government? They simply say, "Withdraw and let us negotiate."

On I do not know how many occasions in the past few weeks, our leader has proposed calling in a mediator. On many occasions yesterday several of our members proposed calling in a mediator. That will end the strike. That will end the chaos we have that the government and the New Democratic Party have caused in this medical system. It will end the chaos if a mediator is called in and they can sit down and talk.

It has been pointed out several times that the medical profession has offered on different occasions not to bill people over 65, those on any sort of assistance from the government and those in hospitals in an emergency situation. The member for Mississauga South (Mrs. Marland), read out the list of concessions that the Ontario Medical Association offered.

In the past two or three weeks while this debate has been going on, I have received many requests and phone calls in my office. Most of them support the doctors' position, the position that our party is taking on this, and not by a whip vote by any stretch of the imagination. It is a matter, as I said before, about which we feel very conscientious.

A total of 12 phone calls came into my office yesterday. They were all in support of the doctors' position, in support of the position that we, as the Progressive Conservatives, are taking. None were against that position.

On Wednesday the phone calls were seven to one; seven supported the doctors' position and one opposed it. On Tuesday it was two and two. On Monday the count was eight and two. Without question, the people who are phoning in or taking time to write letters to my office are supporting the doctors' position and opposing the bill.

Mr. McClellan: Careful. Remember what happened to Pinocchio.

Mr. Barlow: I have the letters here, and the ones that came into my office are all circled in red. The doctors' position in this matter is supported. People are supporting not so much the doctors' position as the health care system we have in place.

One letter that I have not seen yet but that my constituency assistant has read to me over the phone came from Susan Bardwell of Cambridge:

"I am writing to voice my disappointment over Bill 94. I feel that if this bill is passed, it will drive our medical system into state medicine. Who will the government try to control next: the lawyers, the dentists, the pharmacists"—it has already gone after the pharmacists—"or just anyone in private enterprise?"

I really feel some members on the government side of the House still believe in private enterprise. I am looking in particular at the Minister of Agriculture and Food (Mr. Riddell) and at the Minister of Industry, Trade and Technology (Mr. O'Neil).

"The Liberals and their NDP partners do not tell plumbers at \$24 an hour how much they can earn. I can reach my family doctor, and I can get better and quicker service from him than I can from any plumber that I know, and it will cost me less for my doctor's services."

This is one letter that just came into the office in the last day or so.

Hon. Mr. Riddell: Signed by the wife of a doctor.

Mr. Barlow: No, we have no Dr. Bardwell in our town. It is not Barlow; it is Bardwell, by the way.

I also have one here from Freida Schaaf. It is a very simple note, five handwritten lines:

"I just want to voice my opinion that doctors should be allowed to extra bill if they want to. We are supposed to be a free people and country. At the rate Mr. Peterson is going, we won't be a free people in a very short time."

I have another letter on company letterhead. It came from the general manager of Glengarry Industries, Mr. Szczucinski. I have blocked out two paragraphs here. This, incidentally, is a copy of a letter to the Minister of Health (Mr. Elston): "This proposed legislation is entirely repugnant to those who value the free enterprise system, extremely regressive to those who are concerned with the attrition of the health care system in Ontario and completely revolting to those affiliated to the medical profession."

This is not from a medical practitioner. It is from the general manager of a manufacturing plant.

I have one from Lenore Ridsdale that is addressed to me:

"My opinion is that the doctors should be allowed to extra bill. Have you considered the time and money they put in to become doctors and the extra years to become a specialist? We do not want our medical care system to become as England's, where they decide what doctor you will go to and wait, as a friend of ours had to, for a year to have a back operation. Why have you not been concerned about the lawyers and dentists"—as we say, they may be next—"who seem to be able to charge whatever they wish to?"

I have another here from Peter Worden. This is to me: "I fully agree with the Association of Independent Physicians of Ontario in their request that there be a full public inquiry into the health care in Ontario before any new legislation regarding extra billing is passed."

Peter Worden feels we should check into the total health care system, and he is right. This is why our party had a task force looking at all the health care provisions throughout Ontario as a package. Do not simply bring in legislation that will remove extra billing.

I have another letter here that I want to read into the record from Catherine Luce. She happens to be the daughter of the lady and the gentleman who sent the apple plastic bag over from Britain. She wrote to me and said:

9 a.m.

"We are already the victims at the mercy of the postal unions, public servants and other government-controlled services. Please do not allow our doctors to be controlled by the government too. They are medical professionals, not government employees." Yvonne Suffel writes a similar letter. These letters go on, and I may take the opportunity to read one or two of them as I go on here.

The points I have been wanting and trying to make on this matter are those on which I feel the majority of people in Ontario now have the same opinion. They have the opinion that doctors should be free to negotiate with their patients as to where and when services should be performed.

If a few of the doctors are charging a little bit extra to some people—they are not charging everyone, as we know—those who are opted out and wish to so remain would be glad to sit down and talk to any of their patients who feel they cannot afford the extra funds, whether or not they fall in the three categories the doctors have proposed. Our party had proposed an amendment on the same basis, which was rejected by both the Liberals and the New Democrats.

The people of Ontario should be able to have consultations with their doctors. If there is a fee for the service, fine. If they can afford it, they shall pay it, as they have in the past. There probably could be a few incidents. The member for Essex North (Mr. Hayes) brought in a letter from someone who had a particular hardship. I suppose the doctor could have been approached ahead of time and the patient not overcharged.

When I spoke on this bill on second reading, I mentioned a very personal case, that of our own daughter, who at age 23 had to visit a gynaecologist and have surgery for cancer. That was in Cambridge. She had her first operation, and she was not extra billed. When the time came for her second operation two weeks later, she had to go to a specialist in Toronto. The doctor said: "I do not charge within the OHIP schedule. I do have an extra fee, and I wanted to discuss that with you prior to your surgery."

The extra fee was something like \$300, and \$300 for a life is not very much money, so there was no question in the world. There was no problem. We were able to pay that. There are many people who would be in a different position and would be unable to pay it, but I know that doctor sat down with my daughter—actually, my wife and I were there at the time—and told us in advance about this extra fee. This doctor did not know who I was. As far as the doctor knew, I was just someone from Cambridge.

Doctors are human beings, and we want them to continue being human beings. There are those who want to continue to have the freedom to extra bill. I was talking to someone in that category, who does extra bill, on Monday of this week. He told me that when he sits down with a patient for consultation—and he used a medical term I did not understand—he is allowed to bill for \$45, according to the OHIP fee schedule. He said: "That is ridiculous. I do not need \$45 to talk to that person. I charge him \$22.50 for a different consultation"—it has a different name—"and collect \$2.50 from him. It saves the system money. However, if this bill goes through, I am not going to be saving the system money."

This doctor told me his annual income is one third less than the annual income of those who do bill and will be permitted to bill at the higher levels for their consultation work.

There is no question about it. We are not saving people in Ontario money by bringing in this legislation. People have to know this sort of information. It has to be brought out to them, to know what the government is doing with the support of their friends to my left. It is destroying a system we have in place and people have confidence in. The people are able to relate to their own family physician, whether he charges \$2 for an examination in a clinic or whether it is in and out with no charge whatsoever.

There are some specialties where it is difficult to get an opted-in physician. However, we have been told by the OMA that there will always be an opted-in physician available to talk to people and to consult with them at no extra cost.

Mr. Wildman: Trust the OMA.

Mr. Barlow: The people of Ontario are being asked to trust my friend's party and the government party. Many members of his party are going to find it very difficult, and I am sure are going to choke, when they stand up to be counted later in the day as we vote on third reading of this bill. Many will have to go back to their ridings and explain to their people why they voted that way and why they brought in the hammer on the legislation, completely ignoring the democratic process of this and other parliaments. They will have to explain why they brought down the guillotine and said: "We are going to do this. We want it. We are sick and tired to talking to the people of Ontario."

Perhaps now the Minister of Health can sit down and start responding to the letters that have been written to him asking for an explanation. The Premier can also start answering his mail now. He can say: "Here we are. We are happy

and free. We have no extra billing in this province any more. We do not have doctors working. They are still on strike, and they have accelerated their strike because this has been brought in. We do not want to talk to the doctors at all."

Mr. Mancini: You have encouraged them.

Mr. Barlow: The parliamentary assistant to the Premier can start answering the letters. I cannot see that. I have never seen that article. The member can send it over.

I still say it is not too late for this government to wake up and call in a mediator. It might be too late for them to wake up, but it is not too late for them to call in a mediator. They can ask a mediator to come in, and the doctors will be back at work about five minutes after that. The hospital emergency wards will no longer be closed in many areas. The whole medical system will no longer be threatened.

If this legislation goes through, and as long as it is on the books, it is going to threaten the total medical system in Ontario because nobody in the medical system will have any trust in this government at any time.

Hon. Mr. Riddell: The member does not believe that.

Mr. Barlow: I believe that with all my heart. I am going to end on this note. When I sit down, I will know I tried to convince the Minister of Agriculture and Food and every other minister and member of the government party. I am not going to try to convince the people on the left—they have been preaching this and singing this song for too long—but I am going to try to convince some of the people on the government side.

Mr. Wiseman: They are not very reasonable over there.

Mr. Barlow: They used to be a reasonable bunch of people, but to be appointed to power they had to bring in this legislation. Most of them will have to say, "Gosh, I never believed it in the past, but now, all of a sudden, it is a good thing because it is politically expedient to vote for it."

I ask some of the members on the government side to join us—we will have one member from that side joining us—to defeat this legislation on third reading.

9:10 a.m.

Mr. Wildman: I have a couple of questions for the member for Cambridge. He talked a great deal about political expediency. At the same time, he tried to argue that the bill we are debating on third reading is somehow unpopular.

He indicated that members of the Liberal Party will have to go back to their ridings and explain to their people why they passed it. Can the member please explain how these two elements of his speech fit together? How can it be politically expedient to do this if it is unpopular? If it is unpopular, it does not seem politically expedient to do it, because all that is going to happen is the government will become unpopular. It seems to me that if it is politically expedient, it must be a popular measure.

The member indicated he had received a lot of letters and phone calls about this issue. I have received the sum total of eight letters in all the months we have been discussing it. Three of them were from doctors who were opposed to the legislation, two were from members of the public who were opposed to the legislation and three were in favour of the legislation.

I have also received the sum total of five phone calls about this issue, three of which were in favour of the legislation and two opposed. One of the people phoned me at the behest of his doctor. He said: "You are right on. Keep it up. I do not agree with the doctors." I think this is a very popular measure, and I am glad we are finally bringing in the bill.

Mr. Barlow: I wish to respond to the member for Algoma (Mr. Wildman). I want it to be very clear that when I talked about political expediency, I said that to gain power, it was politically expedient for the Liberals to join with his party to ban extra billing. That was the only point I was trying to make, and I stick by it. There is no question about it. Without that, the third party might have joined us. God forbid, I do not know what we would have done then.

Mr. Sheppard: I have a couple of points I want to read into the record this morning in regard to the discussion on third reading of this bill. I have listened with a lot of interest since around five o'clock this morning. I must say it was a beautiful morning at five o'clock, and I am glad to see there are so many in the House this morning.

I am glad the debate on this bill is coming to an end at last, because the other parties would not listen to the advice of our leader asking them to appoint a mediator to have this doctors' strike come to an end. Our leader was not asking for a lot, just to get the strike over with.

I want to read into the record three items the OMA was asking for. I know they have already been read into the record, but I want to read them again. First, no patient over the age of 65 would be charged more than the OHIP rate. Second, no

patient receiving emergency treatment would be charged more than the OHIP rate. Third, no patient receiving financial assistance from the government would be charged more than the OHIP rate. I find those to be three very minor requests, and I see no reason why the Minister of Health (Mr. Elston) and the Premier (Mr. Peterson) did not sit down and negotiate to get this strike over.

People say doctors are overpaid. I want to relate one incident that happened in the great riding of Northumberland last May when four people from Maine were killed. Dr. Scott from Cobourg was called out at 10:30 in the evening. He went to the Hospital for Sick Children in Toronto with two brothers. He did not get back until the next morning at 7:30. The four people from Maine who were killed did not have any hospitalization and did not have insurance coverage so Dr. Scott could be paid. He did not receive one red cent for being out from 10:30 in the evening until 7:30 in the morning. Nobody read that in the paper. Probably only a very few up until now knew anything about Dr. Scott giving his free time to two brothers from Maine.

In the great riding of Northumberland, no doctors extra bill. They are not concerned about the money. They are concerned about the principle that this government and the loyal opposition on my left are taking. I sometimes wonder who is running the government. I have heard it is the member for York South (Mr. Rae) who is running the government, and I have heard it is the Premier.

I want the record to show that the Conservative Party still has more seats than the government on that side or the government over here.

Here is a letter that was sent to me by Dr. Di Pasquale:

"I've had it up to here with all these doctors bickering about this extra billing. What's wrong with them anyway? If they'd all just lay low, then Rambo Peterson might even pass the legislation. If the feds can do it, why not Peterson? There's no monopoly on stupidity.

"The trouble is most doctors can't see past their idealistic noses. All this crazy talk about freedom versus government control and how efficient and costly the system would become.

"If the doctors would just clam up—maybe showing some token resistance so Peterson won't catch on—the next step would surely be the legislating of salaries for physicians. After all, what civil servant works piecemeal?

"Then we'd really have it made. We'd have five-day weeks and seven-hour days, complete

with breaks and long lunches, paid holidays, pension plans and lot of other perks we just dream about now. And we'd be making more than we do now. There'd be no office expenses, just straight salary.

"There'd be no more problems with malpractice claims and high insurance costs either—everyone knows you can't sue the government. Besides, the standard of medicare will be so low that anything will do.

"Of course, it will be tough getting time to actually see patients, what with the lunches and breaks, study times, seminars and just plain goofing off—but, hey, we all have to make sacrifices.

"Besides, it will be a learning experience—and boy do we have a lot to learn. Things like taking the phone off the hook an hour before quitting time: who needs an emergency when it's nearly time to go home?

"All in all, if we played it right, we could have the money without the commitment or responsibility. On the other hand, if you really wanted to practise medicine, there's always the States."

That is the end of the letter.

Mr. Pouliot: Is that addressed to the member?

Mr. Sheppard: Listen. The member knows it is going to come back to haunt him some day, because he knows that when this bill passes, the medical profession is going to go downhill instead of our having the best medical service in the world right here in Ontario.

During the first two weeks in March, my wife and I were in Venezuela. I happened to be talking to a doctor there. He asked me where I was from, and I said, "I am from Ontario." He said: "I want to congratulate the doctors in Ontario. Ontario has the best doctors in the world, and we would love to have some specialists come to Venezuela to teach some of our younger doctors going into the medical field."

Mr. Wiseman: Do not say that too loudly. Some of them will move down there.

9:20 a.m.

Mr. Sheppard: I know some will move there, because they cannot stand what the Liberal government is doing to the medical profession here in Ontario.

When one member on that side of the House gets up and supports the Conservative Party on this side, the Liberals must know there is something wrong with their thinking in wanting to pass this bill at one o'clock today. I commend the member for Humber (Mr. Henderson) for the stand he has taken, because I know he must be

getting a razzing from some of his colleagues, especially in the anteroom.

When the bill passes today, it will be just the beginning. My friend the member for Cambridge (Mr. Barlow) mentioned a few minutes ago that doctors will probably be legislated back to work. The Premier said no, but we will have to wait and see. Nevertheless, the doctors are the first, then it will be the lawyers and then the chiropractors, etc. I would like to know when the government is going to call Bill 54 and Bill 55, because the pharmacists in my riding are very concerned. They are afraid they will be dropped.

Mr. Speaker: Perhaps the member could wait until the next question period to ask that.

Mr. Sheppard: Thank you, Mr. Speaker. I will, if time permits. I will not ask it today.

I think the doctors are going to regroup when this bill passes today at one o'clock. They will regroup in a way similar to that of the Ontario Teachers' Federation. I wonder whether this party to my left will support it, because it supports the federation. What I mean by the doctors regrouping—

Mr. Hayes: The member is encouraging that, is he?

Mr. Sheppard: I have asked a couple of doctors this question: when a doctor gets out of medical school, why should he get the same money as a doctor with 25 years' experience? I think doctors will regroup and have a pay schedule that will be stronger than ever when they come back to negotiate with the government.

Interjections.

Mr. Speaker: Order.

Mr. Sheppard: I would like to congratulate the member for York Mills (Miss Stephenson) on the splendid way in which she, along with the member for Lincoln (Mr. Andrewes), put across our amendments. They have done an excellent job. I see our party has left some flowers on the desk of the member for York Mills. I am sure she will be in later to carry on to help our leader sum up the few remaining remarks before this bill is passed at one o'clock today.

I have had phone calls from doctors and patients in my riding for and against, but until now I have received a lot more than the member for Algoma (Mr. Wildman). I have received as many as 30 phone calls in one day; they were not all for the doctors and they were not all against, but I have received several phone calls. Patients in the riding of Northumberland are very concerned. Several of them said the sooner it is

over, the better. All I can say is that I will be glad when the vote is over at one o'clock this afternoon.

Mr. McClellan: I want to ask the member, in regard to the burning question my friend the member for Scarborough Centre (Mr. Davis) raised, whether he knows what the Bible has to say about extra billing. I am looking at Acts, chapter 8, and the story of Simon the famous magician in Samaria who went to St. Peter to ask if he would sell him his gifts and his skills and his prophetic powers. This is what the Bible has to say about the religious equivalent of extra billing:

"And when Simon saw that through laying on of the apostles' hands the Holy Ghost was given, he offered them money, saying, Give me also this power, that on whomsoever I lay hands, he may receive the Holy Ghost. But Peter said unto him, Thy money perish with thee, because thou hast thought the gift of God may be purchased with money. Thou hast neither part nor lot in this matter....Repent therefore of this thy wickedness, and pray God, if perhaps the thought of thine heart may be forgiven thee. For I perceive that thou art in the gall of bitterness, and in the bond of iniquity.'"

Are the Conservatives in the gall of bitterness or in the bond of iniquity?

Mr. Davis: To comment on the member's remarks which relate to my colleague's remarks just a second ago, if one is going to quote the Scriptures, one ought to be sure one knows what one is saying. He suggests it is gall and bitterness, but I suggest the essence of that little parable he read was that the gifts are free gifts from God.

Mr. McClellan: Which should not be sold for money.

Mr. Davis: It has very little to do with extra billing, but in free services of the doctors that are given to people there is an equality the member might like to look at.

Mr. Ward: I have one question of the member for Northumberland. I believe he may have made a factual error when he indicated that his party still has more seats than the government. I want to know whether he is counting Ottawa South and Cochrane South as one seat or two, because I understand the members are job sharing, and whether he is including Don Mills as an opposition seat.

Hon. Mr. Riddell: I have sat and listened to Conservative members stand up and read letters from people who support the doctors' cause. I have to remind my Tory friends that the people of

Ontario sent 76 of the 125 members to this Legislature after the last election to bring about an end to extra billing. I fail to understand why the remaining Tories are prepared to jeopardize their positions in this House by speaking against public opinion. I do not understand that.

9:30 a.m.

Mr. Taylor: In response to these remarks, let me make it clear that extra billing was not an issue in my riding during the last election. Not a single doctor in my riding has opted out of OHIP. However, the doctors are now suffering a crisis of confidence in this government and in the system. They are concerned about that hidden agenda, and we are not talking money. We know money is not the issue. If one is in the plan, the rules about what one can bill are clear. The legislation is saying that if one is not in the plan, we give the freedom to opt out, but if one does so, one is still governed by the rules of that plan with respect to billing.

That is eliminating a marketplace for these professional services. They can see, down the road, that the policy of the New Democratic Party—and it is open about it—will ensure that doctors become salaried people and civil servants. The state will usurp the role of the physician with respect to the relationship between patient and doctor. There is that concern. What we see today is an expression by reasonable people of fear of what lies down the road. That is why it is important for the government not to be so adamant in its position and to invite a mediator.

Mr. Sheppard: The member for Wentworth North (Mr. Ward) wanted to know whether I knew how many members were in the House. All he has to do is look at the chart in front of him and he will realize the Conservative Party has two more seats than his party over there. I would ask him whether he can read or write. I am sure he can or he would not be here.

The Minister of Agriculture and Food (Mr. Riddell) wanted to know why I was reading the letter into the record. Perhaps he did not hear it, but that doctor was supporting the government, because he is going to make more money and have the weekends off when this bill passes today at 1 p.m. I suggest the Minister of Agriculture and Food should pick up Hansard and read what I read into the record from the letter I received from the doctor in my riding.

Ms. Caplan: I rise to enter this debate, which I believe is one of the most fundamental which will be facing this province and this country. Many

things have been said and many of them eloquently, but they bear repeating.

It is my view that this should be a nonpartisan issue. When we speak of the principle, we must remember it was dealt with in 1984, unanimously, in the federal Parliament with the passing of the Canada Health Act. Before that, in 1962, this country made a fundamental decision to have medical care and facilities available to all of its citizens in a system whereby we had a partnership.

In this public system of medical care, the taxpayers have lived up to their commitment. In Ontario, the taxpayers have fulfilled that commitment with public hospitals, public research facilities, public institutions which educate and training facilities. All of those have been funded by taxpayers' dollars, given the commitment they made back in 1962, which was reaffirmed by unanimous vote in the federal Parliament in 1984.

That is when this principle was dealt with. What we are discussing now and have been discussing for the past year has not been that principle, because that was established. What we have been discussing for this past year is how to comply and conform with the law of the land, which penalizes those taxpayers who do not have the support of their Legislature to conform with the law of the land, and which says that for Ontario, that bill to the taxpayers is \$1 million per week. As the members have heard from the Minister of Health (Mr. Elston) and from the other speakers who have spoken, that bill to date has risen to over \$100 million. That could do a great deal to buoy up our medical facilities to give us even greater medical care.

The issue is not freedom. There are many freedom issues which can and should be discussed in the future: the freedom for a professional to practise where he or she likes; the freedom to prescribe and treat patients; the freedom to choose where that professional will practise; and the freedom to offer services to those whom that professional wishes to offer services.

This bill speaks only to the issue of compliance with the federal law of this land. I remind members that this law was unanimous in the federal Parliament.

Let us look at what we had prior to 1962. We had private insurance for those who could afford it; we had a welfare system for those who truly were in need and could not afford it; and we had bankruptcy for those who could not afford medical services, who did not have private insurance and who were not on welfare.

We moved away from that in 1962. We moved to a system where we said that everyone—

Mr. Andrewes: It is too early in the morning.

Ms. Caplan: It is early in the morning.

We moved to a system that said we did not want a system for the rich and a system for the poor. We did not want a system where people should have to face bankruptcy or embarrassment because they could not go for the treatment they required in their time of need. The taxpayers and the people of this province have lived up to that, and 30 per cent of our recent provincial budget is dedicated to health care. Almost \$10 billion in this fiscal year will be committed to that system. That does not include the money going to our medical schools and our research and training facilities.

I support very strongly our medical professionals in their desire for freedom, as I believe does everyone in this Legislature and in this province. This bill has nothing whatsoever to do with infringing on those freedoms. It speaks to the principles that no one should have to pay more for medical services than the fee schedule established. We have already heard many speakers speak to that principle. That is not a principle of freedom. That is a principle of the marketplace, to which the previous speaker spoke. The marketplace has no place in our medical system and our medical facility because that breeds exactly the system we had prior to 1962. It says people should have to pay more, if the market will bear.

This bill recognizes that, in my view, and I believe in the view of the majority of the people in this House who represent the majority of the people of this province. We believe no one should have to pay more. That is the underlying principle of the Canada Health Act of 1984.

This bill fulfils the commitment that was made in that federal Parliament. It fulfils the commitment and the promise that was made in 1962. I understand the fears. I understand and I am concerned for those professionals who have been poorly advised about what this bill means, who have been led to believe that in some way this does impinge on their freedom. It does not. It speaks only to the financial issue that no one should have to pay more for medical care than insured services. It does not speak to the freedom to practise. It does not speak to the freedom to prescribe.

Mr. Davis: But it will down the road.

9:40 a.m.

Ms. Caplan: The Minister of Health in this province has said unequivocally that there is no

hidden agenda. Those who are stirring those fears, those who are raising that spectre are doing a disservice to the professionals.

On this historic day I believe it is time for all responsible and honourable members of this House to come together in fairness; to recognize and to say to the profession what this bill says; to put aside partisan political concerns; to give effect to a bill that addresses only that principle, the principle established in 1984, which had been begun in 1982; to examine this bill calmly and, as the Attorney General (Mr. Scott) so eloquently said, to show the medical professionals that it does not do or say more than that, as we have said time and again during the past year.

Let us look at that negotiation process. Our government began on the basis of saying to the medical profession, to the OMA, its leadership and representatives: "It is our desire to end the practice of extra billing. It is our desire to comply with the Canada Health Act. It is our desire to work with you to find a way to do this. However, we must do this within the principle of that act, which is that no one should have to pay more."

We presented a 10-point proposal to the OMA. We said: "We believe these are some of the freedom issues about which you are concerned. If there are more issues of concern to you, bring them forward and we can discuss them as we determine together how we can accomplish compliance with the federal act."

This is not a time to inflame the passions that have arisen during the past year because of unfounded fears. I believe the time has come for all members of this House together to help to moderate, to assure, to say to the professionals: "We value and respect your services. We want to comply with the Canada Health Act. We are not in any way looking to impinge upon your freedoms as professionals."

My concern for that profession is that through this process, through the passions that have been inflamed—I believe unjustifiably—the way the profession sees itself and the way the public will see the profession are in danger. That is why I say this is a nonpartisan issue. It is time, as it was in 1984, for all members of this House to come together to moderate, to de-escalate and to say, "Let us work together to continue to have"—and I believe we will have, because of the commitment of the taxpayers of this province to ensure it—"fair and adequate compensation and to look at those parts of the plan that perhaps need some adjustment because they are not perfect." Nothing in this world is perfect.

This bill complies with the Canada Health Act. That is its only purpose and its only intention. I implore all members of this House to act responsibly to reassure our medical professionals that this is what this bill says and nothing more, and to join together in the same spirit of co-operation as in that federal Parliament in 1984 to build a medical system, to continue to build on the foundations of what is looked upon around the world as one of the finest systems of medical care not only in North America, not only in Canada but also around the world; and it will continue so because of the commitment of these taxpayers and the commitment of the members of this assembly.

This bill complies with the law of the land. This bill represents the will of the people as it stood in 1984 and as it stood in 1962. There is no hidden agenda. This bill is just. It represents our commitment, made loudly and clearly in the last election. This bill represents an opportunity for all of us in this House to say to our medical professionals calmly, rationally and moderately: "Let us continue to work together in the spirit we have in the past. Let us recognize that this principle was dealt with in 1984 and let us work together."

We have a historic opportunity. We have seen the movement across this country to comply, and seven provinces have already complied with the federal law. I believe every responsible and honourable member of this House should take the opportunity to work together to help in the implementation of this bill, which conforms with the law of the land, to ensure that the stature of that dignified and fine profession and of our medical system are enhanced as we build for the future.

I felt it was important to speak to this because I believe much has been said unjustly to inflame. We have been talking about this all night. We have been talking about it for a year.

Mr. Davis: Has the member been here all night?

Ms. Caplan: I was here until 12:30 a.m. and it was very late. I know the members went all night and that there were members who listened and spoke right through the night on this historic, important and fundamental piece of legislation.

We are all law-abiding citizens. We have a federal law that says this is the law of the land. We have this opportunity to join together calmly and rationally. The time has come to moderate the passions and to assure the doctors that there is no intention for them not to be well compensated, that there is no hidden agenda and that they have

the respect they so well deserve from their patients and from the members of this Legislature.

As I conclude, I call on all members of this House to encourage that consensus to come forward in Ontario, which is not only a land of bounty and promise, but also a province that is law-abiding, one that says, "We recognize the powers of Parliament, the law of the land and our duty to comply with that law."

There should be no fear of the unknown. All members of this House should speak to the members of the profession whom they know and show them what this bill actually says. This bill deals with money; it does not deal with freedom. We have treated our doctors well in the past and we will treat them well in the future. They have nothing to fear. This bill represents the will of the majority of the people of this country and this province and it should be done.

9:50 a.m.

Miss Stephenson: I should like to clarify one point I heard the honourable member make in the early part of her presentation, namely, that in 1962 Canada decided there would be no such thing as extra billing. I remind the member that was the year of the confrontation in Saskatchewan. The introduction of the national health insurance or medicare program was in 1968. In 1962, Tommy Douglas recognized the need for the kind of safety valve which has been present in Ontario since the inception of medicare and, in fact, was written into the first law of Saskatchewan after the confrontation.

One of the things that troubles me is that the member, a member of that government which has spent all its time denigrating physicians and destroying their confidence in the government, is now expecting the rest of us to do its work to allow the physicians to trust government.

Mr. McClellan: I wanted to respond to the comments by the member for York Mills (Miss Stephenson) about Tommy Douglas. It is true that extra billing was part of the original medicare plan in 1962.

Mr. Gregory: The member should be addressing himself to the member for Oriole (Ms. Caplan). He is out of order.

Mr. McClellan: Questions and comments are part of debate.

The Acting Speaker (Mr. Morin): Order.

Mr. McClellan: Tommy Douglas spent the last four or five years of his life fighting against extra billing, and he was responsible for the Canada Health Act as was no other Canadian. It

is an insult to his memory that the member for York Mills has introduced this into the debate.

Mr. Mancini: I want to take this opportunity to congratulate the member for Oriole on a well done speech. In the small period of the last 20 minutes of the time she used, she said more than we have heard from the entire Conservative Party through this all-night session. She made more salient points, was more to the point and more willing to deal with the basis of Bill 94 than the whole Conservative Party has been during this entire debate.

Mr. Davis: He is now in Hansard. The member should sit down.

Mr. Mancini: I enjoy the interjections from the reverend member, who is always interesting in this Legislature.

The member for Oriole stated very plainly what Bill 94 does and the intention of this Legislature. More important, she explained very clearly the consequences of the Canada Health Act, which the Conservative Party continues to refuse to acknowledge. The Canada Health Act was passed by every member of Parliament sitting in the House of Commons in 1984. That includes the Honourable Jake Epp, who made comments today against extra billing, and the Right Honourable Brian Mulroney, who said health care is a sacred trust.

Have those members forgotten what happened in the Parliament of Canada? Do they not understand what the Canada Health Act is? Do they disagree entirely with the Right Honourable Brian Mulroney and all his ministers of the crown? If members disagree, let them stand up, say so and be counted. They should not put forward their specious arguments about freedom. It has nothing to do with freedom.

The Acting Speaker: The member's time has expired.

Mr. Jackson: I would like to respond to the member's comments as well.

I am taken by a statement made by Frederick the Great, who, incidentally, died 200 years ago. However, it is appropriate to the statements the previous speaker and our Premier (Mr. Peterson) have made. Frederick the Great said: "My people and I have come to an agreement which satisfies us both. They are to say what they please, and I am to do what I please." That, I submit, sums up the entire position of this government. It sums up the entire position of the Minister of Health.

I take great exception to the member making reference to compliance with the Canada Health Act, as though the Liberals would prostrate

themselves before the federal government. In this province, one cannot pick and choose the issues that one will champion in Ottawa and those on which one will turn one's back.

I submit that the Canada Health Act is open to a degree of negotiation which this government is afraid to tackle and even afraid to attempt. Nowhere is there an effort. Nowhere has there been an effort by the Minister of Health to examine the formula and to reduce the amount of the penalty. Nowhere is there an attempt by the minister to look at an extension or a compromise agreement.

Even the Attorney General, in legal opinions given when he was in a fee-receiving capacity—his professional wisdom was worth quite a bit of money at that time—advised the Canadian Medical Association and, through it, the Ontario Medical Association of the legal significance and status of that bill. I object strenuously to the member's reference and I would ask her to respond to why the government would not negotiate but instead would prostrate itself before this federal bill.

Ms. Caplan: First, I will respond to the member for York Mills. It is important to note that in this past year and during this debate not one member of this government—not the Premier, nor the Minister of Health—has in any way attempted to denigrate the position of our physicians. In fact, the opposite is true. We have spoken to their professionalism and we have asked them to join us time and time again to work with us to come into compliance with the Canada Health Act to ensure that no one will have to pay more than the fee schedule. That was denied. The opportunities are available as we proceed into the future.

I will respond as well to the member for Burlington South (Mr. Jackson). The Canada Health Act is clear. It was supported by the federal Parliament without one dissenting vote. It has been supported time and again by the members of that Legislature and by the Conservative government in Ottawa at this time.

Miss Stephenson: The member's friend the Attorney General says it is unconstitutional.

The Acting Speaker: Order.

Ms. Caplan: Further, the act penalizes those provinces that do not comply. We have an obligation on behalf of the taxpayers of this province to comply. We have an obligation on behalf of our constituents who supported the bills in 1962, in 1968 and in 1984. The time has come for us to temper our remarks to build moderation

and consensus as we move forward in this great province.

Mr. Andrewes: I am delighted that the member for Oriole (Ms. Caplan) chose this moment to introduce the topic of history and of this province's involvement in medical health programs, because it gives me an opportunity to respond to some of her comments and to put this debate into some perspective. The member will have to realize that over the years—

She is not staying?

Ms. Caplan: I will be happy to stay.

Mr. Andrewes: The member will appreciate after my comments that the initiatives taken for health care programs in this country were not taken by the government of Canada; they were taken by the provinces. The government of Canada was forced into trailing on the activities of the provinces over the years, and it was indeed—

Mr. Foulds: Name names.

Mr. Andrewes: Sure. I will give Tommy Douglas full credit for what he did, but I also want to give people such as Leslie Frost and John Roberts full credit for what they did.

I want to make it perfectly clear at the outset that the passage of this bill at one o'clock today will not end the doctors' strike. I only follow in the comments of the government House leader, who, in appealing to the member for Ottawa Centre (Ms. Gigantes) not to inflame and enrage this debate, recognizes that the passage of Bill 94 will not end the strike.

I want to take a few moments to review some of the history. In January 1943, in a throne speech, the then Liberal government in Ottawa headed by the notorious and memorable Prime Minister of the day, Mackenzie King, commonly known as Willie to his friends—

Mr. O'Connor: And his dog.

Mr. Andrewes: And his dog and his memoirs and all the other things that go with Willie. In that throne speech the federal Liberal government introduced a comprehensive scheme of social insurance. It proposed that scheme should be worked out at once, as a scheme that would constitute a charter for social security for the whole of Canada. The throne speech also announced the government's intention to appoint a committee of the House to consider these matters and to submit for study and consideration the establishment of a national system of health insurance.

Over the 10 years prior to this announcement, an advisory committee on health insurance had

come to an agreement with organized medicine not only on the principle of health insurance but also on the details of a national and model provincial bill. Although it may come as a surprise to those of my Liberal and New Democratic Party colleagues who are in attendance, the Canadian Medical Association approved the adoption of the principle of health insurance and favoured a health insurance plan that would secure the development and provision of the highest standard of health services. The co-operation the government received from the medical profession was eroded over the years by successive federal Liberal governments.

In July 1943, the special committee submitted its report to the health minister of the day, Mr. Mackenzie, who sought the support of the Prime Minister and reminded him of the contents of the throne speech. In a letter to the Prime Minister in 1943, Mr. Mackenzie had this to say:

"There is no doubt that our government is unpopular. That is very largely the result of inescapable war conditions. The restrictions that have been found necessary are generally hated by the people. It is not Toryism under its new guise that is killing us. It is the unnatural, unliberal regimentation we have been constrained to adopt and, worse still, to defend. This situation, I fear, cannot be corrected until the armistice.

"What are the other causes? What of the use of socialism all across Canada? It was for years a British Columbia and Saskatchewan freak, but it is now definitely a national political menace. Why?"

These words are no less relevant today as we look into the intervention into our private lives by this provincial government, intervention into the freedom of a self-regulating profession with no guarantee that health care will become more accessible, but every indication that the health care system in this province will deteriorate. The other day I saw a bumper sticker which summed up the situation we have before us today. It said, "If you love the post office, you are going to just love state medicine."

In any event, in November 1943, Mr. Mackenzie appointed a committee on health insurance finance to re-examine the financing question. The committee recognized that health insurance would be expensive, entailing a large federal contribution. The committee stated in its report, "It seems clear that the provinces cannot finance health insurance themselves and that a purely national scheme is at present considered constitutionally and politically impractical."

The committee then concluded with a recommendation. It was, without doubt, the most extreme suggestion for federal intervention in provincial administration. It would overcome the inherent difficulties of the dominion financing provincial schemes if the dominion, as a condition of making grants to the provinces for health insurance, was permitted to appoint one or more nominees of the dominion government to the provincial health insurance commission. In addition, the federal health grants would be available only if the provinces introduced health insurance. The old leverage game had begun.

Only 40 years later, the Trudeau Liberal government was to hold the provinces for ransom with the provision in the Canada Health Act providing for the holdback of federal transfer funds unless the provinces did its bidding by banning extra billing. The old leverage game continues.

Both 40 years ago and at the time of the introduction of the Canada Health Act, the provinces fought the federal government's intervention into their constitutional right to manage their own health care system. In 1943, the provinces stressed that each province should be permitted to introduce each benefit in its own time as it became feasible to do so and should also be permitted to raise the funds in any way it saw fit.

In 1945, the country saw a federal election where health insurance became a major public concern. The Liberals obtained a very slim majority and immediately set the date for a dominion-provincial conference for the summer of 1945. The major topic for that conference was the taxation powers of the dominion and the provinces for a whole range of social programs, including a health insurance scheme.

As a result of the federal Liberal government's unwillingness to negotiate in good faith with the provinces and reach a compromise, the dominion-provincial conference collapsed and the health insurance proposals went into limbo. The collapse of the conference could only be attributed to the fact that the federal government's offer had been bound up with the proposals for the transfer of major tax fields to the federal Treasury and that the federal health grants would be available only if all the provinces introduced health insurance at the same time.

Ten years later, in 1955, after Saskatchewan had decided to go it alone in the area of health and hospital insurance, there was another federal-provincial conference with almost the same political players as in 1945; only their roles had

changed. Prime Minister St. Laurent, who had been the Minister of Justice in 1945, and Premier Frost from Ontario, who had been the provincial Treasurer in 1945, took their places at the discussion table. In the 10 years between 1945 and 1955, Saskatchewan had introduced a universal provincial hospital services plan. Two years later, British Columbia introduced a similar program and Alberta, if members can imagine, introduced a provincially subsidized municipal hospital insurance plan.

In June 1949, the Canadian Medical Association, after years of frustrating discussions with the government of Canada, completely abandoned its 1943 policy of endorsing governmental health programs by announcing a new policy favouring the extension of voluntary plans to cover all Canadians, with governments paying the premiums for those unable to pay them themselves. In 1952, almost 5.5 million Canadians were insured for hospital benefits through voluntary plans and commercial insurance and nearly 4 million were insured for medical and surgical benefits.

10:10 a.m.

As I said, the federal-provincial conference reconvened in October 1955 and its primary purpose was to reach a consensus on a revised formula for tax agreements. Health insurance was a separate item. It was Premier Frost of Ontario who reminded the federal government that this lack of initiative on its part was leading to a hotchpotch of provincial programs in the health field. At the conclusion of this conference, the Prime Minister announced the appointment of a special committee on health insurance, the federal-provincial Joint Committee on Health Insurance.

In the meantime, Ontario moved ahead to prepare its own legislation to introduce a hospital insurance program. On March 5, 1956, An Act to establish the Hospital Services Commission of Ontario received first reading. There were three primary functions to this proposal: first, to ensure the development throughout the province of a balanced and integrated system of hospitals and related health facilities; second, to administer the hospitals act; and third, to administer a plan of hospital care insurance for the whole province.

In 1957, the Ontario government introduced its proposal for a comprehensive hospital services program to be implemented by January 1959. The two-year lapse was to permit the enrolment of the people of Ontario in this plan. Upon its implementation, Premier Frost was able to announce that 91 per cent of the population of

Ontario was enrolled in the plan, and by the end of 1960 that percentage had risen to 95.

Since a number of the provinces had moved forward, the federal government had no choice but to bring forward its legislation. It was slow to get into the act, but quick to use the lever. In April 1957, Bill 320, the Hospital Insurance and Diagnostic Services Act, was unanimously adopted and on May 1, 1957, the national hospital insurance program became law.

The next major act of the health insurance scenario opened on July 19, 1965. Lester Pearson had replaced Louis St. Laurent, and Frost had been replaced by Robarts. The intentions of the Pearson government were set out in the 1965 throne speech, which said, "My government will, at an early date, meet with the governments of the provinces in order to discuss with them the ways in which federal and provincial action can most effectively contribute to programs that will provide health services to Canadians on a comprehensive basis." The decision for medicare had been made, buoyed by the Hall commission report. A federal-provincial conference was called to discuss health services for all Canadians.

As I said previously, the CMA had not only declared a policy favouring the principle of health insurance in 1943, but also in 1949 the association filled the vacuum created by the failure of the federal government to act on its proposals and the profession sponsored a number of prepayment plans. This same association continued to support health insurance for everyone, but the route it proposed would be one that limited the role of government to the subsidization of premiums for those who could not afford to make their own payments to the voluntary agencies.

In 1966, in consultation and in co-operation with the medical profession, the Robarts government in Ontario established the Ontario medical services insurance plan to insure individuals and to subsidize those who could not afford the physician-sponsored or commercial insurance plan. With 585,000 covered by OMSIP in 1966 and 6,000,000 people insured through voluntary methods, 95.5 per cent of Ontarians had some form of protection without a universal government program.

However, on July 1, 1968, medicare finally became law, although there was no minimum requirement of all provinces having to opt into the program at once. Federal health grants to provinces were tied to that province opting into the federal program—the old leverage game once

again. Ontario had no choice, and on July 1, 1969, the province opted into the federal plan.

The national plan was born because of the power of the federal purse, notwithstanding the many constitutional arguments that the whole policy was outside the federal government's constitutional jurisdiction. The arrangement was considered by many provinces to be coercive political blackmail.

The scenario of federal interference in the delivery of provincial health care began in the 1980s with the introduction of the Canada Health Act. The setting was all too familiar; only the actors had changed. Mr. Trudeau was the Prime Minister, Mr. Davis was the Premier of Ontario and, unlike the hospital insurance and medicare debates, where there was at least the appearance of provincial consultation, there was no consultation with the provincial governments in the drafting of the act.

The Canada Health Act was passed containing financial clauses that would force provincial governments to interfere in the patient-doctor relationship and to ban extra billing, a right that had been given to the medical profession some 20 years earlier. That legislation and the bill before us now have proved to create such acrimony between the government and the medical profession that many believe it has begun the decline of the quality of health care in the province and the likelihood of a two-tiered system of health care akin to that of Britain.

I refer the members of the Liberal Party and the New Democratic Party to the Taylor report of August 31, 1954, commissioned by Mr. Frost. This report analysed the economics of hospital and medical care in Ontario and concluded, among other things, that medical and hospital services flourish best in an environment of freedom, including freedom from bureaucratic control.

I am ignoring the interjections, Mr. Speaker, because we have heard them all before.

No one will disagree that the establishment of a publicly funded health care system, as we know it in this country and in this province, is one of the great achievements of our society. The concept that every Ontarian is entitled to a comprehensive range of health care services without reference to ability to pay is deeply ingrained in our national identity.

When we consider changes in our health care system, I believe the government has a responsibility to proceed in a spirit of co-operation and mutual respect with the deliverers of our health care services. Government has a responsibility to

negotiate and bargain in good faith, not to dig in its heels to make a point. Nobody wins in that situation and, more important, the public interest is not served. Everybody loses.

The functioning of our health care system, however, cannot be described simply as another government activity. Government plays an essential role in financing, managing and insuring health care delivery. How well government is able to fulfil these responsibilities ultimately depends upon our complex and interlocking relationships with a great number of health care providers and institutions and with a host of health-related organizations and associations.

By definition, in nature, health care is an activity of profoundly human dimensions, and this quality permeates every aspect of our health care system. Health care can work effectively only when there is consensus and agreement among the key players and participants in the health care system. Both sides must be ready to seek accommodation, compromise and a broad area of agreement if we are to be successful in this task.

10:20 a.m.

We have had publicly funded medical care in this country for 20 years and a hospital insurance program for 40 years. Access to quality health care has been enjoyed in this province for many years. It is the government's responsibility to see that it does not become captive or hostage in a doctor-government dispute. Surely after 20 years of experience with medicare, we have more collective wisdom than to believe that extra billing is a threat to the accessibility of our health care system.

The health care services of doctors are crucial to the successful operation and function of our health care system and, therefore, we must be sensitive to their concerns and be prepared to listen and negotiate in good faith on those matters relating to the practice of their profession.

The proportion of opted-out physicians in Ontario has been steadily declining over the past few years from a peak of 18 per cent in March 1979, to 14.3 per cent in January 1984, to the present 12 per cent. It is important to note that when the number of opted-out physicians in this province was at its peak, at a level of 18 per cent, it was the now Premier of the province, the member for London Centre (Mr. Peterson), and the Liberal caucus that did not support or advocate a ban on extra billing.

About three per cent of all Ontarians are extra billed. The size of this perceived problem is very small. I believe that most would agree that since

such a small percentage of people are affected, the government should be able to work out a solution. What is happening is that the Liberal government of Ontario is using a hammer to kill a fly. In doing so, it has missed the target and mortally wounded those who are helpless participants in the program.

The doctors have put forward a compromise solution. They have agreed to support legislation that would ban extra billing of seniors, people on public assistance and people requiring emergency care. The Liberal government did not move from its original non-negotiable position that extra billing would be banned with or without the co-operation of doctors. Today we see the results of this hard line. Doctors are unavailable to their patients and a number of emergency wards in this province are closed indefinitely. There is health care inaccessibility.

I want to remind the Premier that hard cases often make bad law. Hard positions and simplistic solutions never work. Government and, in particular, leadership is about resolving political problems, not creating them. On this issue, I believe that the Liberal government, propped up by the New Democrats, has created a problem of the greatest order.

The passing of Bill 94 will not solve the problem and will only serve to inflame it. The government has succeeded in creating acrimony in the medical profession and a feeling of distrust between patients and their doctors. It has succeeded in forcing the medical profession to withdraw their services indefinitely. It has succeeded in substantially confusing the issue for the public.

This Liberal government has shown it does not understand what the words "compromise," "negotiate," and "leadership" mean. An essential ingredient in our health care system in the past has been government's co-operative relationship with the providers of care and the public. Surely negotiation and mediation, rather than ultimatum, is the route to a lasting resolution on any health care issue that comes before this House.

From my perspective there are some major and important challenges now confronting health care in Ontario. The growing demand for more and more health care services, our costly dependence on institutional and curative forms of care, the potential benefits and the threat of huge cost escalation in the explosive growth of medical high technology, the need for more co-operation and consultation among the now highly structured and defined health care professions, our manpower and service needs to care

for a growing elderly population and a growing incidence of degenerative diseases, the need for more lifestyle education and disease preventive activities are just some of the issues that must be faced.

We must be prepared to deal with these issues now if the health care system we know is to be enjoyed by future Ontarians. Bill 94 does not respond to these issues, just as the Canada Health Act did not. The bill addresses an issue which affects three per cent of our medical services. It does not address any of the health care issues I just mentioned. If this bill is passed, which no doubt it will be, without due regard for the integrity and professional freedom of our doctors, our primary deliverers of care, we will have missed an opportunity to work with this group in shaping and guiding the future of our health care system in Ontario.

The Acting Speaker (Mr. Morin): Ms. E. J. Smith moves that the House agree to divide the time equally among the three parties from 10:05 a.m. to 1 p.m.

Motion agreed to.

The Acting Speaker: Ms. E. J. Smith moves that the House agree to waive the 10 minute comment-and-question period following each speech.

Motion agreed to.

Mr. Foulds: Today is, indeed, an historic day in Ontario. It is one in which some of us will take pride and some of us will not. There is no use avoiding the fact that it is a day that will have caused some division.

As a member of the New Democratic Party, I rise with a great deal of pride to support the passage of Bill 94, which bans extra billing. I do so because of the heritage of this party and the commitment it has made since its inception to publicly funded health insurance, medicare, for the people of Canada.

This bill needs to be passed for two simple reasons. First, it needs to be brought into law so we no longer have charity medicine in Ontario. It needs to be brought into law so every person who is at the centre of the health care system, the patient, has the right to the best care available in the province on equal terms and conditions. It needs to be brought into law so people do not have to beg for treatment at prices they can afford.

That leads me to the second reason. Why are the concessions the OMA has offered the Conservative Party not enough? They are not enough because they do not cover the working

poor in this province. They do not cover the people who, through no fault of their own, have jobs at minimum wage or barely above it and receive no government assistance. Those people would have to beg their doctors to be forgiven from extra billing. It would be at the individual doctor's discretion. Most doctors have no idea of the actual incomes of most of their patients. Most doctors do not know.

Mr. Pierce: Only the NDP knows.

10:30 a.m.

Mr. Foulds I remind the member for Rainy River (Mr. Pierce), my friend from the northwest who is supporting extra billing, which discriminates particularly against people in our region, that doctors have no special insight into the financial conditions of their patients. They have special insight into the medical conditions of their patients, but not into their financial conditions.

I remind this House it is to our shame that we have a taxation system, both in this country and in this province, under which people who earn above the minimum wage but below the poverty line still pay taxes and most of them have to pay medicare premiums because they are not covered by group or company plans.

I want to deal with the next question. The Conservative Party has argued for as long as I can remember, but particularly in the past two weeks, that this bill should be put out for mediation. I want to reiterate the comments of my colleague the member for Ottawa Centre (Ms. Gigantes). There are many things that can be negotiated, but the bill cannot be negotiated. It cannot be negotiated because it does only one very simple thing: It eliminates extra billing. It is the determination of the government party, the determination of the majority of members of this Legislature and the determination of the majority of people in Ontario that extra billing should be banned.

Let me outline what can be negotiated and what should be subject to negotiations with the OMA or any new association that a number of doctors may want to form after their experience with the OMA in the past few weeks. The scale of fees can be negotiated, and if some specialties are being underpaid, that can be negotiated. The process of payment can be negotiated or mediated, as can the form of payment. We can also negotiate more community clinics across the province, fees for service, a form of salary or the per capita idea. All those things are subject to negotiation.

Mr. Wildman: Merit.

Mr. Foulds: My colleague the member for Algoma reminds me that even so-called merit pay can be put in the fee schedule, but extra billing of the patient, the person who receives the treatment, is not for negotiation.

What needs to be done in the situation in which we now find ourselves? We do find ourselves, as the government House leader and Treasurer (Mr. Nixon) pointed out, in a difficult situation because there are some doctors out there who are angry and frustrated. In a few moments I want to get to the reason for that anger and frustration and how we can perhaps deal with it.

As a society and as a parliament, we need to recognize the skills, the professionalism and the dedication of most of our medical practitioners, but we also need to recognize the very same skills in all the other people associated with the delivery of health care. It is not only the medical doctor who is the deliverer of health care in this province. Midwives and nurses are also deliverers of health care.

The professional people I feel sorriest for in the present circumstances are nurses in this province, who are receiving all the patients on the first line of the emergency ward. If there are no doctors available and they can help, they are put in an extremely difficult position. One of the things we should look at in future is legislation that gives nurses who are properly and practically trained more authority for the delivery of health care in our province. We need to do that with every other professional associated with the health care system. That does not in any way diminish the rightful role of the medical practitioners, the doctors, but it will free them to use their specialty skills. It will free them from mundane tasks with which they need not be concerned. That is the other part of the health care system that we need to pay attention to: expanding the service and developing other models of delivery.

Finally, when it comes down to it, in a sense this debate is about responsibility. We have a responsibility to reflect the will of the people of Ontario. It has always been my strong view that we also have a responsibility in a democracy not to run roughshod over the interests of a minority, but the primary concern of both democracy and the health care system is not for the deliverers of the system but for the patients who are at the centre of the system. I think the point has been lost, by the Conservative Party and by certain representatives of the OMA, that the principal

concern must always be the patient. That is what I come back to again and again.

The delivery of medicine, the delivery of health care is an awesome responsibility and our doctors have delivered that, by and large, in a responsible manner. I regret what has happened in the past few weeks. I must say frankly that some of that action, such as the closure of emergency wards and the threatened closure of intensive care wards, is irresponsible. The people who shut them down or have threatened to shut them down are not the members of the government party, the New Democratic Party, or even, God save them, the Conservative Party, but the people who are on the front lines. The people who have shut them down are the medical practitioners. I say, with great respect and with a great deal of reluctance, that has been an irresponsible act.

Why have we had that irresponsible act? I think we have had that irresponsible act because there has been a good deal of anger and hurt on the part of the medical profession. I think that has arisen for a couple of reasons.

First, the Conservative Party, particularly in the last 10 years of its administration, tragically underfunded the health care system and refused to put into place the kind of preventive medicine and the kind of delivery system that would have helped deliver more of a system at reduced costs.

Second, the official opposition has artificially inflamed the expectation of the medical profession about the passage of this bill. They knew the bill would pass and yet they gave the impression they were powerful enough to stop it. They are no longer powerful enough to stop it, particularly when they have stopped representing the patients of the province.

I get messages and phone calls in my riding office—I do not think my riding is any different from the vast majority of ridings—and those who are in support of the bill outnumber those who oppose the bill by eight to two. That is 80 per cent. I submit that my riding, with its ethnic mix and with its income mix, is probably more representative of the province as a whole than is the riding represented by the member for Mississauga South (Mrs. Marland). I even know people in her riding who are Conservatives who support the bill. They happen to be personal friends of mine.

10:40 a.m.

I want to say clearly that this bill does not in any way intervene in the professional responsibilities of the doctors. It does not intervene in any way in their medical practice. What it does is

limit their economic practice. It limits their economic freedom. I admit that. It limits their freedom to charge more than their professional association has agreed to under the OHIP schedule.

That does not seem to be a great curtailment of freedom. It is a curtailment of freedom equal to that which prevents us from driving on the left-hand side of the road in this province; it is about the same.

Miss Stephenson: The member drives on the left-hand side all the time.

Mr. Foulds: That is a curtailment of freedom that produces the greatest good for the greatest number. The member for York Mills (Miss Stephenson) prefers that we phase it in so we only have trucks driving on the left-hand side of the road for a while. That is the analogy.

I want to conclude, because I have only four or five minutes remaining, with the charge that we are talking about socialized medicine in this bill. I wish we were talking about socialized medicine in this bill. I want to quote the words of the member for York South (Mr. Rae) on second reading of this bill because they have been taken out of context so often.

On February 11, the member for York South said: "Health is something else. It is not a commodity. It is not something to be traded on the open market. It is a basic human right that reflects our attitude to each other. That has to be the principle that is in place." That is the principle we in this party support. He further said: "There are those who say we are talking about the socialization of medicine. To those who say that, I say amen; we are talking about the socialization of medicine." The important part—this is for the Tories—is this, "We are saying that health is an individual and social right that is too fundamental to be left and treated as a commodity."

I want to quote Leslie Frost on private insurance to remind the members of the reasons Ontario ultimately began on this path. Mr. Frost said: "One of the great difficulties with private insurance is the fact that first, there is a time limit which does not take care of the catastrophes, and second, that some companies at least have been pretty free with the cancellation clauses in their policies. I have had that experience myself, you see." He mentioned that two of his individual policies had been terminated. "They insure you and then the minute there is some trouble, while they pay you benefits for that particular illness, there is a rider attached to your policy and that particular illness can never be covered again."

Then again when you reach a certain age, 60, you are cut off." What happened to Mr. Frost should never again happen to another citizen of this province.

I wanted to quote from the leader of the New Democratic Party at that time, Donald MacDonald, but I do not have time. He pointed out that the private insurance companies were making more than 56 per cent profit in relation to the benefits they were paying out on private insurance.

For those who say that socialized medicine is such a dastardly thing to introduce into Canada in the last half of the 20th century, I want to read the definition from the Concise Oxford Dictionary, surely a dictionary of international reputation that is not quarrelled with by anyone, including the Conservatives of this province. It says, "socialized medicine, provision of medical services for all from public funds." That is what socialized medicine is all about, and so that I am absolutely accurate: "hence socialization; act in sociable manner." What is wrong with acting in a sociable manner about medicare? What is wrong with acting in a sociable manner about health care in this province?

Finally, we do need to heal some of the wounds. We do need to bring the parties together in this province over this question.

I will end with a couple of quotations from Dr. Laurence J. Peter's *Ideas For Our Times*. There are a couple that I would not say but that he included in his book. He said: "When I got the bill for my surgery, I knew what those doctors were wearing the masks for." I would not say that, but someone called James H. Boren did. Another quotation he uses is, "A hospital should have a recovery room adjoining the cashier's office." Finally he said, "Financial ruin from medical bills is almost exclusively an American disease." Let us put an end to that American disease here in Ontario and here in Canada.

Finally, I want to quote from Hippocrates, the father of medicine, who said—and I believe this with all my heart, as I believe most of the medical practitioners of this province do—"Wherever the art of medicine is loved, there is also a love of humanity." Let us therefore look at the medical system, look at this bill and look at this society in that way. We will love the art of medicine, we will respect it and we will look at the delivery care system and, in doing so, we will also love humanity.

Ms. E. J. Smith: I would ask for the further agreement of the House to waive standing order 60 to permit the remarks of the leaders of the

three parties to follow the reply of the Minister of Health (Mr. Elston).

Mr. Speaker: I hope all members are aware of standing order 60, in which it states that after the reply of a minister or of the parliamentary assistant who has moved third reading, as in this case, the debate is wound up. The member is asking for permission to waive that standing order so that the minister may reply for 10 minutes and the windups may follow. Is there agreement?

Agreed to.

Mr. Mancini: Since we are on time allocation—

Mr. Davis: Was this part of the agreement? Did we agree to this?

Mr. McClellan: This was not part of the agreement. Carry on.

Mr. Mancini: Is the member for Bellwoods (Mr. McClellan) trying to help me out?

Since we are on time allocation, I ask the table officers to let me know when 10 minutes have expired.

We are near the conclusion of this historic debate, which has seen the Legislature sit round the clock, has seen some members of this Legislature talk for many hours at a time and has seen other members speak for only a few moments. We have in some way seen both sides of the issue with regard to Bill 94. We have seen the side that has been put forward by the government. We have tried to have our members rise and explain as clearly as possible what Bill 94 does.

10:50 a.m.

Anyone who has taken the time to read Bill 94, anyone who has been here in the Legislature to listen to the amendments that have been proposed by the minister and by other members, and anyone who has any experience at all in reading legislation put forward by the government and the opposition will know that Bill 94 does only thing: Bill 94 bans the practice of extra billing. That is the only thing Bill 94 does.

Bill 94 will not do what a small minority of doctors are saying it will do. Bill 94 will not do what a minority of the Legislature says it is going to do. I challenge any member of the Conservative Party to show me what clause or section in Bill 94 states, as they have said over these past number of days, that Bill 94 will prevent doctors from practising where they wish in Ontario. I would like the Conservative Party to show me where it states in Bill 94 that doctors would be limited in the patients they could see and in

whom they could see. The claims that have been made by a small minority of the doctors and by the Conservative opposition really boggle the mind.

Just the other night, I had an opportunity to speak with the chief of staff at the Leamington District Memorial Hospital, Dr. McGirr. We had a conversation that lasted for more than one hour. I am proud to say the majority of the doctors in the Leamington area have decided to maintain all emergency services at the Leamington hospital. Dr. McGirr told me only a small number were closing their offices to people who needed care. I congratulate the doctors in the Leamington area for being compassionate and especially so in understanding what Bill 94 does. Dr. McGirr explained it to me very well over the phone.

He said, "Remo, we know what Bill 94 does; it bans extra billing." He went on to say that he understood the economic constraints in Quebec and he felt the government there was probably trying to save money in the wrong field, the health care field. He informed me also that what the Social Credit government, which is close to the Conservative Party, is doing in British Columbia is unfair. He stated that to me very clearly. He said it was unfair to have doctors graduate from medical school and then not give them a number with which to practise. Bill 94 does none of those things.

Mr. Davis: But it will.

Mr. Mancini: We hear again from the good reverend who continues to want to inflame the situation, who wants to continue to perpetuate ideas which do not exist. He said it again. The good reverend should know better. He said it again that Bill 94 would limit somehow how we are going to license doctors. I challenge the good reverend to find the section in Bill 94 that does that and I would be glad to meet with him after the House adjourns to talk about all those things his party claims it is going to do.

The only thing that has saddened me a great deal in this whole debate is the conduct of a small minority of doctors. It was put well this morning as I was reading the *Toronto Star*. I do not think I have read a story on this whole dispute as interesting as the one written by Gary Lautens which appeared this morning.

Interjections.

Mr. Mancini: I am going to ignore the interjections. My comments will be on the official record.

Mr. Speaker: All interjections are out of order.

Mr. Mancini: Mr. Lautens's headline says, "Where's the Coolness, the Dignity We Expect in MDs?" He goes on to state in his article: "It was, well, disappointing. You expect better. You expect dignity."

I am saddened that a small minority of doctors have put in question the dignity of the medical profession. I know from my own experience, from having dealt with my own doctor, Dr. John Greenaway. I may add, he and I have had the opportunity to have many conversations about the matter of extra billing. I say without hesitation that we disagree entirely on the matter, but he has always acted with dignity. He has always maintained the characteristics we expect of a medical professional. I congratulate Dr. Greenaway for being able to do that while at the same time being against what this government wants to do.

I am shocked when I read about a Dr. Sullovey, who actually glues the doors of other medical professionals, who walks into the practices of other doctors and intimidates them into closing their practices. We talk about freedom. I would like to talk to Dr. Sullovey about freedom.

It is sad that a small minority of doctors has put in question the reputation and the dignity of the vast majority of doctors. As members of this House, we know from personal experience the dignity and the good characteristics of our medical professionals.

The Conservative Party conveniently forgets about the Canada Health Act. I want to remind it about the Canada Health Act, which was passed unanimously by all three parties in the House of Commons. I want to remind members what the Honourable Jake Epp had to say. I want to quote to my Liberal colleagues and to the members of the House who are willing to listen. "Our party would like to see user fees and extra billing eliminated," said the Conservatives' health critic—now the Minister of Health and Welfare—"Jake Epp during second reading. With those unequivocal words, the Conservatives joined the other parties in producing a rare display of unity in the House of Commons." That is what happened.

Mr. McFadden: What was the Premier (Mr. Peterson) saying two years ago?

Mr. Mancini: The member wants to know what the Premier said. Let me tell him what his leader has said in the past. Conveniently, I happen to have a story that appeared on May 29, 1982, in a paper that for some reasons the Ontario Tories do not seem to have favour with at

present. The headline says, "Too Many Specialist Doctors Extra Billing, Grossman Says." The Leader of the Opposition said that.

Interjections.

Mr. Speaker: Order. I wish all honourable members would show respect to other members as well as to the member speaking.

11 a.m.

Mr. Mancini: The truth hurts, Mr. Speaker.

This is my last comment. Since we have heard so much about mediation, what did the Leader of the Opposition (Mr. Grossman) tell the doctors on May 1, 1982, when he was negotiating? "Won't Talk For Ever, Grossman Tells MDs." That is what the member's leader said then. He was demanding a settlement. The Conservatives want us to talk for ever, but when their leader was in a position of responsibility, he said he would not talk for ever.

Mr. Jackson: I would like to respond.

Mr. Speaker: There will be no responses. That was agreed earlier by all members.

L'hon. M. Grandmaitre: Je crois qu'il est très important pour un nouveau ministre de dire ce que la journée d'aujourd'hui représente, non seulement pour les commettants d'Ottawa Est mais pour tous les gens de la province de l'Ontario.

Je crois qu'il est grandement temps que les trois partis, que ce soit le Parti progressiste-conservateur ou le Nouveau Parti démocratique, aussi bien que le gouvernement, reconnaissent que le temps est venu de changer le système de santé de la province de l'Ontario au niveau de la surfacturation par les médecins.

Je dois avouer que mes amis d'Ottawa qui sont médecins et qui pratiquent la médecine depuis un certain nombre d'années n'apprécient pas tellement le vote d'aujourd'hui, excepté que je dois vous assurer, Monsieur le Président, que les démarches faites par le gouvernement vont certainement avoir des répercussions dans les années à venir et ces répercussions seront un meilleur service pour tous les Ontariens.

I know quite a few members would like to speak before the vote is taken. I want to reassure the House that in Ottawa East and Ottawa-Carleton, not only doctors but also other Ontarians have set their eyes on us today because this government is about to make history in this province by ensuring that a good medical system can be improved. That is what Bill 94 will do. It will improve the system and guarantee better services in the years to come.

It is time for all three parties to get together and resolve this impasse. All three parties have a responsibility to every citizen of this province to stand up and be counted and say what they have to say about a possibly good system or a system that can be improved. I urge everyone in this House to support Bill 94.

Miss Stephenson: The first thing I want to do on behalf of my party is to express sincere thanks to the staff of the assembly who for the first time in approximately 12 years have had to spend the entire night in this building without recourse to rest and restitution at home. Each one of us in the assembly today should express our thanks truly.

A great deal has been said about this bill, the process that led to it and all the things that have happened around it. I want to provide a concise report about the so-called negotiations and discussions that are said to have been held with the medical profession about Bill 94. The reputation the Premier (Mr. Peterson) is trying to establish for open government belies the experience the OMA has had.

The very first meeting was an informal one in late August between the Minister of Health (Mr. Elston) and the general secretary of the OMA. It was held in the latter's garden, because he happened to have his foot in a cast. Following that, there was a meeting of the president and the general secretary with the minister in mid-September. These were general discussions; there were no very direct or active negotiations about anything.

In late September, the executive committee of the OMA met with the minister, and the subject of the extra billing ban was raised. The position of the government was that it was willing to negotiate ways in which it could meet the concerns of the Canada Health Act, which needed negotiation with the physicians. There were no more discussions with the minister.

In October, the general secretary met with the Premier. The following week, the president met with the Premier. Because the two of them felt they were getting mixed messages, they requested a meeting of the senior negotiator, the president and the general secretary with the Premier so they would be together to hear the same things said by the Premier. At that meeting, there was discussion about what was going to be done in relation to the proposal to deal with the question of extra billing.

The member for Oriole (Ms. Caplan), parroted by the Minister of Municipal Affairs (Mr. Grandmaitre), suggested this morning it was now necessary for all of us to come together in a spirit

of co-operation, happiness and goodwill to sort out the problems with the doctors so that in some marvellous atmosphere the pieces the Premier talked about yesterday would be picked up.

It will be very difficult for the medical profession to feel in any way comfortable talking to the Premier ever again. At the meeting on October 31, 1985, the Premier said, "I am sick and tired of hearing about you f---ing doctors." I apologize. I never use that word. I suppose "fornicating" is the other word. I continue the quote, "You are overrated, overpaid, and I intend to do something about it." That is precisely the kind of attitude that has led the profession to be very suspicious about what Bill 94 does.

There were no other discussions between the government and the medical profession at all before Bill 94 was introduced on December 19. That was the end of the discussions.

After it was introduced, the Minister of Health suggested he was going to have meetings throughout the province, organized by the district health councils. He did that. I think he had seven or perhaps eight in all. The monitors who were there counted the bodies. If we subtract the flacks of the Liberal government and the members of the OMA who were there, there were about 12 to 14 people in attendance at each meeting who did not have a specific relationship to either the government or the OMA. That is the public consultation the minister held about Bill 94.

In March, because the OMA made conciliatory moves, the minister decided it was time to talk to the OMA and begin some silent negotiations, as they were called. Between March 6 and May 20, there were 11 dinner meetings in the presence of the Minister of Health and the Attorney General (Mr. Scott). From time to time, our peripatetic Premier attended as well. I gather those discussions were interesting, lubricated as they were with great French wine and good food.

However, no offer was made by the provincial government to do anything about negotiating this matter, which it knew was of grave concern to the medical profession. There was never a suggestion that it would introduce a mediator who might be able to bring the parties together to talk about the government's absolute commitment to total banning of extra billing, as opposed to the OMA's suggestion that limited permission of extra billing could solve the needs of the province related to the Canada Health Act. Arbitration or mediation was never suggested.

Nothing was offered by the government except a list of 10 proposals, one of which was

interesting. It was danced before the profession by the Terpsichorean Attorney General, who provided the suggestion that it would be very nice if the \$53 million per year, as calculated by the economists in the Ministry of Health, were provided for the pockets of the doctors if they would accept Bill 94. The OMA did not buy that; it simply said again that its principles were not for sale.

11:10 a.m.

When the OMA produced its package of proposals, which met almost all the government's concerns, or at least those it had heard in the public hearings, the government said that was not enough. What the government needed was an absolute, outright, total, guillotine—which is a familiar word to this government—ban on extra billing.

The OMA suggested very strongly that what was necessary in place of that confrontational attitude was the development of a salubrious atmosphere in which the profession plus the government as well as the other deliverers of health care and the public could come together to talk about the greatest challenge facing health care in Ontario at this time; that is, the difficult task of matching very rapidly growing needs with scarce resources so the quality of health care can be maintained in the province.

That requires an atmosphere that is relatively salutary to the discussions which must take place. However, they apparently did not understand that, because what we had in this House—and I remind members there were no clause-by-clause discussions of this bill in committee. The suggestion that they have been held in committee is entirely erroneous. In fact, the public hearings were cut off. They were given a very brief date, and there were cases permitted after that cutoff date. The Ontario Public Service Employees Union was allowed to come in, although other groups that had applied at the same time as OPSEU were not permitted to come. Those public hearings were limited, and then there was the decision to bring the bill back to the House for this clause-by-clause debate.

I do not believe that even the most militant members of the government could suggest there has been undue delay of this bill in the House. What we have done is to try to provide rational arguments to attempt to produce the atmosphere the member for Oriole wants, an atmosphere of calm, concern and warm feelings which will permit the kinds of discussions about health care that need to be carried out.

Unhappily, we have not had that, because we have had carbon copies of the attitude of the Premier towards physicians mouthed by members on that side, but particularly by members of the third party. There has been continual denigration of the medical profession. The member for Oriole notwithstanding, remarks have been made about the most noble profession in Canada that no member of that profession should ever have to tolerate. She has not been here to hear it; unhappily, I have.

It is a sad day for this province, a black day, when the two parties have decided we must cut off debate, we must exercise the guillotine, we must wring the neck of the kind of creature that is attempting to bring some rationality into this discussion regarding Bill 94. It is sad when the government of the day decides it is going to conscript the profession into a relationship which, not only now but also in the future, will decrease the kind of total professional freedom an individual practitioner has.

The member for Essex South (Mr. Mancini) can ramble on all he wants. He knows nothing about this. He knows nothing about being a professional. He knows nothing about the practice of medicine, nor do most of the members of the NDP, who are willing to give us their advice constantly on how to practise medicine. Not one of them has ever practised medicine. What do they know about it? However, we heard the member for Etobicoke (Mr. Philip) telling us last night there was only one way to practise, and that was to be caring. The Lord knows that social consciousness was an inbred part of the medical profession before the NDP ever discovered it. It is still the singular characteristic of that profession.

It is a black, black day when we have prevarication, dissembling, distortion and all kinds of remarks coming from various sides of the House about what is going on as far as this situation is concerned. There is no doubt in my mind the profession in this province now believes there is no point in trusting a politician, because the profession believes politicians and government lie, cheat, distort, move in devious directions and deny what they have said they would do in the past.

There is no way that I, as a single member, or we, as 52 members together, are going to be able to heal the wound which this government and its cohorts have inflicted upon the relationship between the medical profession and the government of Ontario. It will take years to overcome it. It is a shame the people of the province have had

to find out through this means that the Liberal government members are really socialists in gumboots. Their feet are loaded with mud, but they are socialists at heart. They want, as the socialists want, to reduce us all to equalized mediocrity in the delivery of health care in Ontario.

The medical profession will not let that happen. It will provide quality in spite of the government, but it will not do it with the same enthusiasm, with the same heart or with the same dedication it has in the past, because the government has cut it off at the knees. It does not realize it; it does not even understand what it has done. That is what worries me. With a little more sensitivity, a little more intellect and a little more thought on the government's part, we could have solved this problem without any confrontation at all, but it has caused the confrontation, and it is going to have to be responsible for the consequences.

The medical profession will do its best for patients in all circumstances, no matter what the government does. This government is inept and should probably retire right now. None the less, I am sure the public of Ontario will be well served by its medical profession. It will not be well served by this government if it pursues the role it has chosen to follow right now.

Mr. D. S. Cooke: I guess it all depends on how one looks at it. The member for York Mills (Miss Stephenson) can describe this as a black day. Those of us in the New Democratic Party who have been fighting for this legislation for 16 years are very proud and think of this as a great day. As my colleague the member for Bellwoods (Mr. McClellan) said earlier in the day, at our convention, which began this morning, we will be honouring Tommy Douglas. It is fitting that on the day we will be honouring Tommy Douglas at our convention, we pass a banning of extra billing in Ontario.

Those of us who have been in the Legislature for a few years, and some in my caucus have been around here a lot longer than I, think of the fights that have been put up by Donald MacDonald, Stephen Lewis, Michael Cassidy and our present leader, the member for York South (Mr. Rae), and our Health critics. All of it now seems worth while: the cases we brought to the Legislature and the petition with 250,000 names collected by New Democrats all across this province to try to get the then Minister of Health, the member for Don Mills (Mr. Timbrell), to move.

I must confess that when I first asked a question on extra billing in 1978, I did not think

this day would ever come. I am glad and proud to have been here all night with my caucus colleagues to make sure that, after one o'clock today, the patients of this province will no longer be extra billed.

I agree with one of the comments the Leader of the Opposition (Mr. Grossman) has made in the past week or so. He congratulated the New Democratic Party, saying we had a principled argument. He accepted that we had been principled and consistent all along the line. That is true. He described the government party, the Liberal Party, as not being terribly principled in doing this for political reasons. We accept that.

We accept that the realities of minority government are such that the New Democratic Party can and does play an extremely important role in bringing about progressive change. We accept that if there were not minority government and that if there were not an accord, we would not have this piece of legislation in Ontario.

11:20 a.m.

I do not accept that the Tory party has been terribly principled on this discussion. Right after May 2, when the Conservative Party was in a minority status, I remember reading the press reports of the then Minister of Health, the member for Cochrane South (Mr. Pope), who said extra billing was going to be reviewed by the Conservative Party. I remember the comments by the now leader of the official opposition, then the negotiator with our party to see whether we had anything in common so his party could remain the government in Ontario, that he was also willing to take a look at banning extra billing.

The Conservative Party has no right to claim it has been principled in this debate. The reality of the situation is that they are opposed to Bill 94 now because they are in opposition, but a year ago they were prepared to end extra billing if it meant they could stay in power.

In fact, on the first day of public hearings on Bill 94, the leader of the official opposition made a presentation in front of the committee in which he said he was prepared to bring in legislation that would ban extra billing in Ontario. His emphasis, however, was on patients having to request services at opted-in rates, and that is where we totally differentiate ourselves from the Conservative Party. We do not think patients should have to request charity medicine. We think they are entitled to health care without any discussion about finances, and that is the bottom line with our party.

One of the amendments put forward by the Liberal member for Humber (Mr. Henderson) and supported by the Conservative Party was the OMA position. The OMA position is that anyone over 65, anyone on general welfare assistance or workers' compensation and anyone who has premium assistance will not be extra billed. The bottom line is that the suggestion of the member for St. Andrew-St. Patrick (Mr. Grossman) on this matter was that we were going to give these little accessibility cards to people. Call them what one might—charity cards, welfare cards—the reality is that it was institutionalizing the two-tiered health care system the Conservative Party has supported so much during the past number of weeks.

At one o'clock this afternoon or thereabouts, this Legislature will vote to end charity medicine in Ontario and we will end the two-tiered health care system that has been developing. The Conservative Party says there is not a problem; there is not a lot of extra billing that goes on. The member for Don Mills will remember that when he was Minister of Health, the number of opted-out doctors got up to 18 or 19 per cent. The reality of the situation is that in good economic times the number of opted-out doctors will increase. It decreased because of the recession. That is why the number of doctors who were opted-out and extra billing decreased.

That the number is lower is also because of the debate that has been going on and the reality that extra billing is going to be ended. I have no illusion at all that if this bill were not passed and that if the Conservative Party still had a majority, with the economic situation improving in Ontario, the number of opted-out doctors in this province would rise dramatically, as would the number of extra bills submitted on an annual basis and the amount of money held back by the federal government.

We must examine some of the concerns the doctors have expressed to the committee and in the news media. Some of them are so much bunk that they need at least to be mentioned and the question asked, "What do they mean?" What does Bill 94 have to do with professional freedom? All Bill 94 says is that the OMA will have to sit down with OHIP and negotiate a fee schedule. That fee schedule will be adhered to by all practitioners in the province. What does that have to do with professional freedom?

We even suggested, and the Conservative Party voted against our amendment, that if there were a feeling that the fee schedule would be imposed unilaterally by government, we should

have a system of negotiation. That system of negotiation should be the one that is there now, the joint committee process, with access to arbitration at the end of the process. That would mean there could be no way the government could unilaterally set the fee schedule. If the doctors felt negotiations were inadequate or unfair, they could go to binding arbitration, which would be imposed on the doctors and the government.

Unfortunately, the doctors want it both ways. They would like to have access to binding arbitration—binding on the government but not binding on the OMA. That is the reality of it. They want to have their eggs in both baskets. They want to have the benefits of a negotiating process that has increased the fee schedule in this province by more than 50 per cent since the great deal that was signed by the member for St. Andrew-St. Patrick a few years ago. They still want to be able to extra bill another 30 or 40 per cent. We used to be told by previous Ministers of Health that they would not exceed the OMA fee schedule. We have had all sorts of cases that have been raised in this Legislature where not only have they gone the 30 per cent above the OHIP fee schedule to meet the OMA fee schedule, but they have gone far above the OMA fee schedule as well.

One of the agreements in this publication issued by the doctors yesterday, entitled Concessions offered by the Ontario Medical Association to Government in Context of Bill 94, is, "No patient receiving treatment of an emergency nature would be charged more than the OHIP rate." I thought that was in the deal that was struck by the former Minister of Health, the member for Don Mills, back in 1979. That was the deal that was read in the House by the then Minister of Health. It was never lived up to by the OMA. Why would we think this process could be ended by some negotiated, non-legislated agreement with the OMA when the one agreement that was supposed to have been reached in 1979 was never lived up to by the association?

Legislation was the only way we could go as a Legislature. The process has dragged on too long. One of the implications of the government party not proceeding with this legislation more quickly several weeks or months ago was that the government gave a false message to the doctors of this province. That message was, "Keep up the pressure; increase your sanctions, and government might collapse." Now we are where we are, with a major strike by doctors in Ontario.

When we were putting pressure on the government to proceed with the legislation and the Premier (Mr. Peterson) accused us of being too rigid, even draconian, we were using the argument that one cannot negotiate principle. It is interesting that in the past few days, when we were dealing with a Tory amendment on mediation, the Premier said, "You cannot negotiate principle." That is what we have been saying for several months. There was no reason this bill could not have been proceeded with and passed and been law several months ago. The government decides the legislative agenda; so be it, and here we are today. Better late than never, and we are proud to be part of this process.

11:30 a.m.

The Conservative position on negotiations has been totally and completely unrealistic. The last amendment we discussed on mediation was an agreement that would delay the proclamation of the bill for 90 days and set up some mediation process that would have a public fact-finder's process with the expectation that there was going to be a settlement. Does the Conservative Party think that mediation process was going to result in a settlement? It was a good political argument, but it was completely unrealistic.

What we have to do, when this legislation is passed at one o'clock, is to get on with pulling this all together again. Extra billing has been a symbolic as well as an important access issue. Because it has not been dealt with, it has prevented us from going on to other health care issues in the province. We have to pass this legislation today and then we have to get on with and tackle some of the other problems that exist in our health care system.

We have to start developing a multiprofessional, multidisciplinary health care system in this province. We should not be so dependent on the illness approach to health care, which is what the medical model and the doctor approach to health care is. Doctors have an incredibly important role to play in our health care system. No one is denying that. However, there are other professionals, nurses, midwives, social workers, nurse practitioners and physiotherapists, all of whom have an incredibly important role to play as well, a role of equal importance to that played by the medical profession.

We have to start developing that process. We have to expand the community health centre system that has been drastically underfunded—twelve centres, which have not been expanded—and we have to develop and expand community-based services to senior citizens. That is the

direction in which we have to go. After we have dealt with this incredibly important issue of access and extra billing today, we have to tackle the other important issues and improve the health care system of Ontario. It is no longer good enough to maintain the status quo. We have to move on and tackle the other health care issues that are so important.

This party wants to be part of that process. We have been a very important part of this process, the initiators of this process. All New Democrats are proud today of this legislation. The people of this province are proud of the legislators who are making this bold move, which will end at last one of the important barriers to universal and equal access to our health care system for all people in this province.

Ms. E. J. Smith: The time for t'is-t'ain't is over. For many years, the people of this province have expressed their high priority for health care for all the people of this province. They have expressed it in their willingness to pay high taxes for health care. They have expressed it in their charitable giving in many health causes such as the telethon two weeks ago for the Children's Hospital of Western Ontario. They express it from day to day in their personal lives with their compassion for family and neighbours. They expressed it recently in the unanimous three-party consent to the Canada Health Act. Today, on behalf of the people of Ontario, this House is reaffirming its dedication to good health care for all people.

Everybody in this province has always counted on the leadership of the doctors in this field, but the doctors are not alone. They are surrounded by others who care for the sick such as nurses, scientists, technicians and health care personnel at all levels. They are supported as well by all who involve themselves in the promotion of health, both physical and mental, such as public health workers, social workers, teachers and even parents.

Together, we are a team that has stated its priority for health care and that must work together to this most admirable end. We look with joy to the end of the internal strife we have seen. We count on the doctors once again to join hands with us and the many support systems of this province to work together for the common good of our people and to reaffirm their dedication, not only to care for the sick but also to preserve the healthy.

I am sure that each of us is proud to be part of this assembly today in taking this province, along with other provinces, one step further towards

this. I personally am proud and happy to have this opportunity to address the assembly.

Mr. Ward: I stand here with tremendous pride that today marks the completion of a process in this province and in this country that began nearly a quarter of a century ago, the process of the evolution of universal health care.

More than two decades ago, the people of Ontario chose to move towards a system of health care in which no one would be barred because he or she was poor, elderly or a new immigrant, a system in which everyone was to have equal opportunity to the same quality of care, a system that perhaps we had come to take for granted. Let us make no mistake about it: The principle of equal opportunity to quality care and the practice of extra billing cannot coexist. I am proud to stand today in this Legislature to support the final step in establishing universally insured health care.

There is one element of this debate that I find particularly offensive in a very personal way. It is the constant comparisons to the British national health care system. I want the members to know that my father was employed by that system many years ago and that our family emigrated to this country. I suppose one of the reasons for making that decision at the time was the events in that country and the lack of commitment of that government to quality health care. I grew up with stories of the horrors of that system. It is one that firmly entrenches two-tier health care, one that is very similar to what was proposed in the so-called compromise.

We have a quality system of health care in this country, not because of the whim of the government of the day but because the people of this province demand that commitment.

I want to speak a little more about the suggestion of compromise. Too often in this Legislature over the course of the past 12 months, the official opposition has wanted to be on both sides of every issue. I do not believe anything is more indicative of that than this headline from the Toronto Star some years ago, "Too Many Specialist Doctors Extra Billing, Grossman Says." That speaks for itself.

The member for York Mills (Miss Stephenson) made reference to the fact that we could move a long way towards ending extra billing. However, it is a principle on which we cannot compromise. The elimination of 30 per cent of the extra billing in this province is, to me, no solution. Today, I received a copy of a resolution from the Blind Organization of Ontario With Self-help Tactics, BOOST, as it is known. Its

resolution of June 13 addresses the issue of some of the suggestions of so-called compromise. The following resolution was passed unanimously:

"Whereas universal and equal access to quality health care is a fundamental right, and whereas the various exemptions/solutions suggested by the Ontario Medical Association are unacceptable to us and constitute a threat to the dignity of low-income Ontarians while interacting with their physicians, therefore be it resolved that BOOST call on the government of Ontario to proceed immediately and fully with enactment of legislation banning extra billing by doctors."

In this instance, there can be no compromise on a fundamental principle.

11:40 a.m.

The process that has brought us here today has not been an easy one. There have been 10 full months of debate. I participated on many occasions from one end of this province to the other with groups and individuals who were deeply concerned about this issue. One of the things that deeply impressed me was that there is one group in this province that knows what it was like before medicare. I refer to the last meeting I had in Welland. The member from that great riding was before a group of senior citizens. I might add it was somewhat less than six weeks ago. At that meeting, I was deeply impressed by the forceful presentation made by those seniors because they understood what it was like to live in this province before medicare. They understood what it was like to have to deal on a day-to-day basis, having to find the extra funds to pay for the necessary care they had to receive through no fault of their own.

We have had weeks of public hearings, more than 280 hours of debate in the House and in committee. I sat here throughout the night last night because I wanted to hear what special insights might be added to the debate at the last minute. I was mindful of the comments made by the Leader of the Opposition (Mr. Grossman) when the government moved to allocate time on this matter. For days, we have witnessed obvious stonewalling. Last night we could have heard some substantive new arguments and gained some insight. What did we hear? I sat for the better part of six hours while the member for Oxford (Mr. Treleaven) talked about his dog-haired blanket and assured us there was no problem because he had never encountered a problem with extra billing with one of his constituents before Bill 94.

I listened to that knowing full well that not long ago the member for Oxford had contacted

the ministry out of concern for a constituent who had been extra billed a total of \$1,200. He, or his constituency office, wanted to know whether this legislation would be retroactive so he could provide some relief to his constituent. He cannot have it both ways. The issue is clear and simple and the answer is to ban the practice of extra billing.

I believe those who suggest the issue is more than this are not acting responsibly. When the democratic will of this Legislature and the democratic will of the people of this province are thwarted by a party that chooses to provide tacit support to tactics such as a withdrawal of services that create fear and consternation, that is not a great day for this Legislature.

Miss Stephenson: On a point of order, Mr. Speaker: That is certainly an imputation of motive and he is entirely incorrect.

Hon. Mr. Nixon: What did she do in her speech?

Mr. Mancini: She has been imputing all kinds of things for days.

Miss Stephenson: I did not impute anything; I gave the facts.

The Acting Speaker (Mr. Morin): Order. This is a point of view.

Mr. Ward: It has been said that this is an issue of freedom. Indeed it is. It is the freedom of physicians to charge what the traffic will bear as opposed to the freedom of all the people of this province to access without financial barriers to the best available health care.

It is a sad day when I read in the newspaper that an honourable profession is described as a screaming throng. I do not believe that for a minute. I think of my own family physician, a man who for 20 years has served a small community, a man who in his spare time serves on the volunteer fire department so he can respond to accidents on the highway and to trauma situations. I will always view the profession in that context, in that regard. That man has never extra billed. He has a social conscience. He recognizes that he has been well rewarded for his efforts. My attitude towards the profession will not change.

I want to refer again to the article in today's Globe and Mail because I think it sums it up so concisely and so completely. "As often happens in these disputes, terms are thrown around with loose abandon. The striking doctors claim that their 'freedom' is at stake. The only freedom truly at stake is that of charging what the market will bear, since no one is interfering with their

freedom to choose a profession, to practice it where they will, to relate to patients as they choose or to extract from society on average the highest incomes."

No one has ever disputed those principles. What we do dispute and what we will continue to dispute—I hope after today it will never happen again—is people in this province being denied access to the best available care simply because they cannot afford it.

Hon. Mr. Elston: When we introduced Bill 94 just over six months ago, I said that the government had made a commitment to the people of the province to end extra billing. I also said at the time that we intended to honour that commitment. Today, we will fulfil that commitment to the people of this province. The province will join the majority of the provinces in the nation of Canada who now can say they comply with the federal legislation mandating that provinces which do not comply will be penalized.

We can go to the people of this province and say that we have fulfilled the requirements of the federal legislation and that we have removed the penalty that the federal government indicated would be levied; that is, for every dollar extra billed, a dollar would be withheld from our transfer payments, a dollar withheld from providing services and programs to the people of this province that the people deserve and have paid tax money to see established to meet the genuine needs in this province.

At the same time, we have provided the fulfilment of our commitment to the people that they will have a first-rate health care system that excludes the necessity of unrolling the wallets, the bank accounts and the credit ratings of anybody seeking medical care. I do not believe there is any more telling situation than the letters I have received from individuals who have felt constrained to seek necessary care when they were on fixed incomes or no incomes at all or were in fear of not having the income to allow them to be full participants in our medical care system.

Having arrived at the stage where we are able to fulfil and honour our commitment to the public and also honour our commitment under the Constitution of this country to comply with federal legislation, whether people agree or not with that legislation, we have taken a series of turns, a series of steps, a series of decisions that have not always been easy for us.

We have considered with the best judgement and the best advice possible how we might fulfil

the mandate and still protect a system that I recognize is a first-rate system, that my colleagues recognize is a first-rate system and that everybody here recognizes is a first-rate system. We also recognize the need to ensure that no person in this province feels excluded from participating in that system.

11:50 a.m.

Over the past several months we have had discussions that have taken us into many areas of concern, areas that were not even addressed in our legislation. The legislation is quite straightforward. No one in this province will pay more for insured medical services than the schedule of benefits permits.

That is the bill, and yet we have run into questions of professional freedom, of availability of services and of access to services out of regions. There is no intent on the part of this government simply to pass this legislation and forget about those other issues. We will be working very hard to deal with answering the questions about freedom of the profession. We recognize it is a sensitive issue. We recognize that the need to supplement the services, programs and facilities in this province is real. It is something we heard during the course of our debate. We need to address the concerns about a lack of regional opportunities in providing medical services. It is a real issue. Needing to address the concerns about providing the assistance to further the ability of this province to stay on the leading edge of medical research is a real problem.

We heard all these items expressed to us during what has been almost the past 12 months and we heard them expressed with genuine sincerity, with feeling and with interest for the public of the province. How could we not have heard them? We had a series of forums around the province. We had a series of meetings. I have been to district meetings of the Ontario Medical Association and to district meetings of medical societies. We spent a lot of time talking to people about the issues raised by this bill.

To reinforce once more, the bill itself deals with only the question of extra billing. That is this bill. I do not know how many times I must repeat it but the public ought to be assured that it does not have to pay for those services. They ought to be assured they do not have to have a question in their minds that they will have to look to their wallets before they look to receiving first-class health care.

During the past several months I have been taken with the ability of the health care system in

this province to adapt, to respond and to provide leadership in meeting the needs for change. If we reflect on the history of this great country during the past 25 or 30 years, we have seen the expansion and the advancement of the abilities of our health care system to provide care for the people of this province at a rate and in a style which none of us could have anticipated just a few short years before or, indeed, in the past 10 years. We are all struggling with the opportunities now presented to us by new technology, by new pieces of equipment which are allowing us to do with precision things never even thought of before to help the members of the public regain their health.

I want to make a commitment today to the profession.

Mr. Ashe: Withdraw the bill.

Hon. Mr. Elston: No, I will not withdraw the bill. The member for Durham West knows that. I am in the middle of telling the people of this province that my commitment is to building and continuing to build a first-class health system. Although the member laughs, there is no way I can respond in any more thorough fashion than to indicate my dedication to working to expand the capabilities of our health care system, to develop new techniques, to expand our research opportunities and to do all the things we have been doing in concert with the profession and other health care providers in this province for the last 30 years. The history of this country has been that we have been able, because of the opportunities provided by a commitment by the public of this country and the public of this province, to continue to build and expand our health care capabilities so everyone in this province will have access to first-class care.

During the past several months, we have spent countless hours on this issue, but we have also been working on other things, such as talking about the expansion of assistive devices, providing assistance for those with cleft lip and palate problems and providing transportation for medically necessary treatments out of northern Ontario. We have been working very hard on building a commitment to the regeneration of our capabilities with facilities under capital programs announced by the Treasurer (Mr. Nixon). Those types of initiatives indicate clearly the commitment of this government and this minister to ensuring that the health care capabilities of this province expand. My commitment to further work on those programs is clear and is confirmed again today.

In summing up, we are here today on a historic occasion. We join the majority of the provinces of Canada in underscoring our support for a commitment made by the Canadian Parliament to the people of Canada and made individually by the provinces when they instituted medical insurance programs. We underscore to the public that we stand to ensure that they will continue to have access to the first-class system of health care for which Ontario has become renowned.

During the past several weeks and months, I have been assisted by my colleagues. Obviously, there have been days when telephones have rung and calls have been made, and they have worked with the public answering the questions that have been raised by physicians and patients alike. I wish to express my considerable thanks, because it is not an easy process. As much as the minister has been at the centre of it, so have all my colleagues here in the House. All of us have had to do a lot of work with respect to this policy, despite party affiliation. For that work I thank all members. It is a new program.

My parliamentary assistant has been outstanding. In case anyone does not recognize the member for Wentworth North (Mr. Ward), he is my parliamentary assistant and I cannot think of a better person to help carry the load on this matter. In addition, the staff of the Ministry of Health have been outstanding, including the executive assistant, Mr. Ronson, and a list of several others. I will not forget any of them. They are with me today. I know the members opposite who are former ministers realize the stress that goes on for staff as well. These people have been outstanding, and I thank them.

Finally, I thank the Premier and members of cabinet for allowing me this opportunity.

12 noon

Mr. Rae: Before beginning my remarks, I would like to introduce to the assembly a member of the cabinet of Tommy Douglas in Saskatchewan who joins us today for this historic debate, Sandy Nicholson, who is now a citizen of Toronto.

This is indeed a historic day. For our party it is a day of celebration. It is a day of victory for the people of this province. It is yet another step along the way to the best health care system in the world, one that should belong not to any one profession or any group of people who work in the system but to all the people of the province.

That is why the battle about extra billing has to be seen in this great historic context. It has to be seen in the context not just of a battle that has taken a few years or a year or six months but of

one that has been the work of working people all over this country who at different times and in different places have taken on a great cause.

In an economy that defines so much by what one can afford, in an economy that tends to define everything in terms of the cash nexus, in terms of the market relationship, those people have struggled for generations to make a basic social statement and to try to build an institution that is based on a different principle: That when it comes to health care, there should be no cash nexus, no marketplace. When it comes to health care there should be only one thing, a commitment to making sure everyone has an equal right to health and to access to a service that is there not as a business, not as a corporation, not as a profit-making institution but as a fully insured service for people.

That is what this historic battle has been about, not just for a year or two but for generations. It was fought in British Columbia, in Saskatchewan and across the country. There were sacrifices and battles. Let us not forget that the Ontario Medical Association and its equivalent in Saskatchewan were never in favour of the hospital insurance plan that went through. They resisted it and then they came to accept it. They were never in favour of it, and in 1962 they bitterly resisted it in the longest dispute between the medical profession and any government in the history of this country. They did not accept it then.

Today the Tory party was calling nostalgically for the good old days of Physicians' Services Inc. and private insurance. It was saying today that somehow medicare was, as described by Premier Robarts, a machiavellian plot foisted upon the people of Ontario. I say with great respect to my friends in the Tory party that theirs is a view which should be freely expressed, but let us not forget it is one that has been rejected decisively by the people of this province in favour of a system which is truly universal and accessible to all and which ensures that, no matter what one's income, one can get the best possible health care probably anywhere in the world right here in Ontario. That is the system we are fighting to maintain and defend and, by God, we are going to defend it and the gains that have been made.

It has been suggested that extra billing is not a problem. During the last number of years in the Legislature we have brought forward case after case in which people have been told at the last minute there was going to be an extra bill; of doctors who have joined together to form a group and who are sending out dunning letters to patients; of doctors who, when dunning letters do

not work, then proceed to a credit agent. We have had situations time and again that we can raise. All members of this Legislature have had experiences. I suggest even Tory members have experienced the situation where people come in and ask: "What is this bill I have to pay? What is this bill for \$200 or \$400 or \$600?"

When I hear the Ontario Medical Association say that extra billing is not a problem, all I can say is that their actions since the legislation came forward belie that initial statement. Apparently, the OMA admitted publicly, "Yes, there is a problem." Its solution, which I want to deal with very directly because it has been communicated to us once again by Dr. Moran, is that no patient over 65 would be extra billed, no patient in emergency would be extra billed and no patient receiving financial assistance from the government would be extra billed. Furthermore, it says it will guarantee that every citizen of Ontario will obtain medical services from an opted-in physician or from an opted-out physician at the choice of the patient.

I want to say this to the OMA—I had a chance to say it before and I will say it again: If this scheme were accepted by any government in Ontario, it would mean two things: First, it would mean the institutionalization of charity medicine in the province for all time, and that is something this party will never accept in Ontario. People would have identification cards or there would be numbers on their backs to say: "Yes, I receive welfare. Yes, I am over 65. No, I am not over 65." Is that the kind of world the OMA wants to take us to?

Once charity medicine is institutionalized, the other thing that would happen is that the volume of extra billing that pertained to everybody else who did not have an access card or a card that was granted to him by the OMA would balloon and mushroom out of sight. Any objective observer of the way the health care system works would know and would recognize that hard and simple fact.

I do not regard the last proposal from the OMA as in any sense acceptable. I do not regard it as a solution and it is not a satisfactory so-called compromise. In fact, there is no compromise at all.

We have finally heard in language that I can only describe as the most extreme I have ever heard in my political career, and I think it is fair to say that I come from a party that has on occasion known extremes of language—

Let us hear a description of this bill for a moment, and let me say to the medical profes-

sion: This bill is not Russia. This bill is not fascism. This bill is not rape. This bill is not terrorism. This bill is not warfare. This bill is not a bomb and this bill is not conscription. What is this bill? It is a very simple statement, a simple requirement that the doctors' economic relationship be with the social insurer, not with the individual patient. That is what this bill is, and that is all it is.

There are those who say—I hear it from the ranks of the Tories today and we have heard it from the OMA, and it is increasingly difficult to tell the difference between those two particularly vulnerable and dinosaur-like institutions in the province—that this bill is a root and branch attack on professional freedom, on professional autonomy. That is true only if the definition of a profession is one that has to have a business-market relationship with the patient.

12:10 p.m.

I speak as the grandson of a doctor, as the brother-in-law of a doctor and as the nephew-in-law of a doctor. I happen to have a higher view of what professional autonomy is all about. I happen to have a higher view of what professional freedom is all about and I think it is perfectly possible to have professional freedom and professional autonomy and to have a social insurance program at the same time. Those who say we cannot have it are just flying in the face of facts.

Then there are those who say that if we ban extra billing, it will have an impact on a whole range of things in the health care service. I challenge the OMA, which has made this point. How will extra billing affect the number of nursing home beds available in Ontario? Tell me. I do not know how. Explain it to me. Does extra billing reduce the waiting period for physiotherapy? What is the connection between the two? I do not see that connection. Explain it to me. Does extra billing reduce the shortage of chronic care beds? Please explain to me how that is the case and how that happens. I do not see the connection and I do not think the province of Ontario sees it.

What is the connection between a ban on extra billing and the kind of payments available for first-class equipment in our hospitals? Explain that to me. I do not see it. I do not see how the question of underfunding for our health care system, which is a problem and an issue—it was an issue under the Conservatives, it is an issue under the Liberals and, yes, the question of how we allocate dollars will be an issue under a New Democratic Party government as well, because

the pot is not limitless. Every government has to make choices.

For the OMA to say that if it were responsible, there would be no cash limitations on what would be available to the health care system is a nonsensical statement. This bill does not cap incomes. It does not tell doctors where they can practise medicine. It does not cut back the number of nursing home beds in the province. It does not cut back the amount of payments for first-class equipment in our hospitals. It does not deal with the question of professional autonomy or where doctors can practise. It is not Russia. It is not rape. It is not fascism.

It is a simple statement: No doctor practising in Ontario can charge more than the amount negotiated between the OMA and the government of Ontario. Is that not a simple proposition? Is that not a fair proposition? Is it not a proposition that makes sense to all people who recognize that we need to move towards a health care system that is truly responsive, a health care system that deals with our problems, a health care system of which we can all be proud?

I have made this comment on many occasions, but I want to make it again today because it is of such importance. There has been much talk today and during the past number of days, weeks and months about the bad feeling in the profession. Statements have been made. For example, the member for York Mills (Miss Stephenson), who was a doctor herself, said this is a day that will create bad feelings among doctors to which we will not see an end for generations to come.

I suspect there are many patients and citizens who today have a very different view of the medical profession from the one they may have had two weeks, four weeks or six weeks ago. I suspect there are a great many angry patients. I suspect there are a great many people who wonder just how precious the doctor-patient relationship can be to the OMA if at will it can exercise its collective power and interfere in that relationship on an individual basis.

Just how precious can that doctor-patient relationship be to the OMA and to some of its more militant members when they are jamming up the doors of some of their brothers and sisters in the occupation of medicine who are trying to provide services to patients? Just how precious can that relationship be when one has the injection of this collective decision by the OMA that its members will be the ones to disrupt the individual relationship between the doctor and the patient?

Nothing in this bill disrupts the individual health care relationship between the doctor and the patient. Nothing in this bill affects the ability of a doctor to make whatever medical judgement he wishes—not economic judgement, not social judgement, but medical judgement. Nothing in this bill does that, but much in what the OMA has done and much in what the OMA has chosen to do in the past number of weeks has interfered not only with the economic relationship, not only with the social relationship but also with the medical relationship, the access to individual care from an individual doctor.

This bill has been described as many things and this debate has been described as many things. There are those of us who have been criticized because we have said that it is, in a sense, in good measure about a very practical matter in our economic life, and that is money.

I am under no illusions. I do not think anybody is. If a doctor has been extra billing for a long period of time and has developed an expectation that his income will be 30 per cent higher than the OHIP fee schedule, then I do not think anybody should be under an illusion that such a doctor is not going to be extremely annoyed at a government that says: "No, your income is not going to be that. It is going to change."

I have never for a moment suggested that the OMA and the government should not talk about money. Nobody in our party would object to the practical reality that if that is something members of the profession want to sit down and discuss, let them discuss it. There is no shame in a practical discussion with people about what level of remuneration or pay or income they will receive. There is nothing ignoble in that. It is a very practical matter. All of us have practical concerns about it from time to time ourselves. There is no shame in that.

What has happened is that the OMA has said: "We are not interested in negotiating that. We will not negotiate it." It has said: "We will not negotiate the question of professional freedom as it affects all the other items. We will not negotiate the question of capping of incomes. We will not negotiate the question of freedom to practise geographically. We will not negotiate all the ways in which we might protect ourselves practically as an association. We will not even discuss those things, because we are root and branch opposed to extra billing."

As somebody who has done a little bit of negotiating, I do not think the profession has been well served. I had a doctor come into my office two days ago and say he did not regard the

OMA as any kind of a bargaining agent. For him, the OMA was an organization he had to join if he wanted to get cheap insurance. He said: "I am very annoyed with the government. I do not like what is being done, because it is affecting my practice and my ability to do some very special work I am doing at Women's College Hospital." I asked the doctor why in the name of goodness he would not sit down with the OMA and insist that this be part of its negotiation with the government of Ontario.

What government could possibly resist an argument from an eye doctor I heard on the radio the other day when I was on Radio Noon. He said, "The only reason I am extra billing is that it is the only way I can get the payments myself for the corneal transplants I want to do." What Minister of Health could possibly, in this current circumstance, not sit down with the OMA and say: "Let us talk about that, because it is part of a reasonable package we want to talk about. We will inject that money into the system if you will agree to stop extra billing"? That is what negotiation is all about.

Negotiation is not about a vested interest saying: "We will not discuss this. We will not deal with this, because we are root and branch opposed to extra billing." That is not wise. It is not even smart. It is not a good negotiating posture for any organization to take. It is a posture that says: "It is all or nothing. It is my way or the doorway."

No legislature of whatever stripe, whatever its makeup and however it may change in the future, could accept that kind of ultimatum from any group. No legislature could do that, and we cannot do it if we are serious about our job of protecting not the vested interest of any one group or any one profession but the interest of all the public, even if that means, as it has meant, making some tough decisions, making decisions that make sense for people.

There is no question that this bill is seen by the OMA and by a great many members of the medical profession as an attack on their power and their autonomy. It must be seen as that, because the rhetoric has been so overblown and so extreme. If the doctors' view of their role in the health care system is that they are always going to be at the pinnacle, the captain of the ship, making all the decisions, telling the government and the other partners in the health care system what to do as the sole purveyors of health care in the modern system, I say to them, "If that is your view and if it is your view that extra billing is connected with that, then yes,

ending extra billing does affect your power within the system."

12:20 p.m.

Again, that is to see the process of negotiation and the process of partnership as a win/lose negotiation. I am not one of those who think this is the only way to negotiate.

Yes, it means a change, because we are saying to the medical profession that there is a partnership there that is waiting to be formed. There is a partnership there that is waiting to be formed with the other professionals who are working in the system.

I would dearly love it if the Ontario Medical Association would use its leverage and bargaining power to insist on a better health care system and not to insist on extra billing. Where have the full-page ads been on the crisis facing the health care system? When have we had thousands of doctors outside complaining not about an end to extra billing but about shortages in the health care system? When has there ever been a barrage of radio ads, a barrage of letters and a lobbying such as we have never seen before on behalf of really improving the health care system and the challenge we put to the OMA in our party?

The challenge was that if doctors want to be partners with the other people who are working in the health care system to build that system, then they should join in and get involved; but they should not expect a return to the 19th century, a return to the 18th century, a return to the world where the doctor was king and everybody else bowed down and let the world go on, where the doctors' market relationship was there and was there never to be changed. That is not realistic and that is not what the health care system of the future is going to look like.

The health care system of the future is going to be one in which the doctors, the government of the province and all the other professionals are going to be partners. It is a health care system that is going to be people-oriented and service-oriented, not profit-oriented. It is a health care system that is going to be service-oriented, people-oriented and community-oriented, not corporate-oriented and not business-oriented. That, my friends, is the way of the future in Ontario.

I am proud of today. I am proud of the role our party has played. I am proud of the fact we signed the accord that put this item on the agenda. I am proud of the fact we have goaded, pushed, cajoled and done everything in private and in public to see that this legislation got to this stage. I say to the House leader that we look forward to

its proclamation today. We look forward to the official statement from the government of Ontario that, as of today, extra billing will be illegal in Ontario. It is a victory that is long overdue. It is a victory not just for the New Democratic Party, for the Liberal Party or for the Legislature; it is a victory for the people of Ontario. That is how it should be seen.

Mr. Grossman: In rising to speak on this bill I want to begin by saying that I have listened to many of the remarks from all sides of the House. I want to distinguish between them. At least, I want to distinguish between the remarks of the New Democratic Party, comments I do not share or agree with and many of which I find extreme, particularly those that suggest doctors are not as dedicated to full funding for their hospitals and other things as are politicians. That is categorically untrue.

I do want to say that I very much respect the New Democratic Party's position, much as I disagree with it. It is based on a consistent, reliable political philosophy of socialism. I think it is dead wrong, but I respect it because it is a legitimate view based upon a philosophy and a certain set of principles.

It is quite different, however, when we look at the government. I want to begin by reading a quote from the Premier (Mr. Peterson) in his first interview as leader of the Liberal Party. On February 28, 1982, he said: "It is so easy to kick the doctors. It is a temptation for all people in politics, but I tell you we will not win, the patients will lose, if we wholesale go around booting them and don't create a climate where they're reasonably comfortable." He went on to say, "You can legislate them all back into OHIP tomorrow, but I believe that will create far more stresses and lead to a deterioration in the quality of service if we do that."

If those words were right, and they were in 1982, they are far more accurate today. The leader of the Liberal Party cannot deny that he said that in 1982 or that he supported opting out when it was at 18 per cent in 1982, as opposed to the 11 per cent it is today. He cannot deny that events since then have proved the accuracy of those statements.

I want to deal briefly with some myths, because I know the Premier will have an opportunity to disabuse us of these when he speaks.

First, the argument is put forward that this bill is about accessibility. If it is about accessibility, why did the government not seek first to talk to the OMA and say, "Give us a fully accessible

system or we will ban extra billing"? If the Premier ever put that proposition to the OMA, I invite him to say so this afternoon.

Second, there is a myth that doctors will go back to work if this legislation passes. Dr. Railton has said that is not so, many patients are worried that is not so, and last evening the government House leader said: "I am not among those who believe carriage of the bill will end the strike in the provision of medical services. I am not naïve." This bill will not end the strike.

Third, the view is put forward by the Premier that the public voted for this bill on May 2, 1985. If the government wants to take the position, because of the results of that election, that the public somehow voted for the banning of extra billing in voting New Democrat and Liberal, what about the elimination of OHIP premiums, which both those parties promised? What about the northern tax credit, which they have ignored? What about the equal pay legislation for women, on which they have dragged their feet? What about the \$4 tax on meals they promised to eliminate? What about the \$100-million job creation program they promised? My friends, what about the undertaking to tenants that their rents would be held at a four per cent increase? Did the public only vote for a ban on extra billing and not the others? What gave the Premier the opportunity to select from among these choices the one he believes the public voted for?

Fourth, the Premier argues that the public clearly supports this legislation. If that is his justification, I want to share with him some other public poll results. For example, 68 per cent of the Ontario public favour the death penalty, 90 per cent believe taxes are far too high and 80 per cent, I say to the Minister of Community and Social Services (Mr. Sweeney), believe there should be social-service cuts.

Mr. Mancini: Where did the member get those figures?

Mr. Grossman: From the polls the member's party has tabled.

I also say to the government that in the Goldfarb study of May 1986, 52 per cent of the public was opposed to separate school funding. Does this government believe that a simple poll of the public authorizes and justifies a piece of legislation? If so, what about all the other issues?

Fifth, there is the myth that the Canada Health Act money will go directly to hospitals. We dealt with that yesterday. I have a copy of the government's offer to the OMA. The Premier will be in the House shortly. I invite him to say categorically that paragraphs 2 and 4 of the

government's proposal to the OMA in its famous 10-point program were not tantamount to \$50 million—all the Canada Health Act money coming back—being handed to the doctors. If I am wrong in saying that, I invite the Premier categorically to say that \$50 million was not offered to the doctors in paragraphs 2 and 4, so that Canada Health Act money will not come back into this province for hospitals.

12:30 p.m.

Sixth, the Premier has been asked by this party for days to negotiate, to bring in a mediator. His response was, "The Canada Health Act is not negotiable." When the Premier comes in here this afternoon, will he tell us he is doing this only because of the Canada Health Act? Is he telling us the reason he is banning extra billing in this province has nothing to do with the principle, has nothing to do with his campaign promise, has nothing to do, as the Minister of Health (Mr. Elston) says, with people paying to get health care and needing their wallets when they go to their doctors? Is he saying he is doing this only because of the Canada Health Act? If he is, let him say that this afternoon. If he is not, then let him not say he cannot negotiate because the Canada Health Act is non-negotiable.

Next, the Premier says, "Being Premier requires that one has to face up to these things." What about that myth? Did the Premier of Ontario face up to these things when he had 4,000 or 5,000 doctors on the front lawn of Queen's Park? No, he hid in his office and peeked between the drapes to see what was happening. He does not face up to it. Let him not use that excuse.

The Premier talks, and the Minister of Health talks all the time, about the tragedy and the determination of the government to make sure people do not need their wallets to get health care in this province. I want to ask the minister and the Premier, if they believe that, what about the \$25 ambulance fee that is still in place in this province? What about the \$25 upfront fee for the assistive devices program, to which the minister just announced an extension? Does he need his wallet to get those services? Of course he does. Why does the Premier not do something about those fees?

What about the copayment for nursing homes? What about the neonatal classes in hospitals for which one has to pay up front with one's wallet? What about chiropractic services and physiotherapist services? Are they not important health care services and does one not have to pay for them? One does.

Let us not hear about the myth that the government is determined to do something about the problem of having to pay for health care services. I have listed six examples. The government ignores all of them. In those examples, there are no exemptions; everyone pays, but this government ignores that.

Finally, the government argues the myth that doctors actually create an accessibility problem by extra billing. I am sending over a list to the Premier of all the opted-out physicians in London. I invite him today, instead of making blind statements in his remarks, bald and general statements about how bad extra billing is and about all the doctors who create an accessibility problem through extra billing, to stand up and name the doctors on that list in London who consciously or inadvertently create a problem of accessibility by extra billing. I invite the Premier to name the names of the doctors who are violators. Let us hear them. I do not believe he can.

I invite the Attorney General (Mr. Scott) to give us a list of doctors practising in his riding and in Metropolitan Toronto who consciously or inadvertently extra bill the wrong people. Name the names. Tell us where it is happening. I invite the Minister of Health who read out letters on television the other night to name the doctors. Tell us who they are. Stand up and be counted and do not hide behind a general statement about extra billing.

I want to say to the Premier that 360 days ago he inherited what the leader of the New Democratic Party has just called the world's finest health care system. That finest health care system took six Progressive Conservative Premiers, the doctors of this province and many other people 42 years to build. It has taken the present Premier of Ontario and his government 360 days to bring the world's finest health care system to its knees.

The Premier himself acknowledged that in an interview yesterday when in response to the question, "What is next?" he said, "Now we will try to pick up the pieces." He will try to pick up the pieces of what 360 days ago was the world's finest health care system which has now been brought to its knees. Now he has to pick up the pieces.

The leader of the New Democratic Party, the member for York South (Mr. Rae), said yesterday that the health care system does not belong to the doctors, it does not belong to anyone but the people. I want to share that sentiment with him and to remind the Premier that the health care

system does not belong to the government either. It is only a trustee of the health care system. Its job as a trustee is to try to improve it, but most of all to protect it, most of all to look after it, most of all not to dismantle it.

Very clearly, the Premier has committed a breach of trust. The health care system was entrusted to him, and today it is on its knees. He has taken it to a situation where he is talking about picking up the pieces. He does not know whether hospitals are going to be open tomorrow or next week. Emergency wards are closed throughout the province. This is how he has looked after the trust he was left, the world's finest health care system, one year ago.

The Premier is fond of saying with a wink and a shrug: "We have the responsibility. We have the power." We know the government has the power. I have sat on those benches, and we know the easiest thing to do with power is to exercise it. The tougher thing is to refrain from exercising it from time to time. That is the true talent. We know he has the power. The question is whether he has the tolerance and the sensitivity. Does he have the maturity when a crisis strikes to stand down and say, "This is out of hand"?

I am not asking the Premier to say he put it out of hand, although I think that is the case. I am asking him to say: "There is an out-of-hand situation. It is out of control." The best thing to do is to say, "Even though I want my way as Premier, it is better to have peace and tranquillity out there for the time being," and stand it down. It is surely more important to do that than to push his way through to what he has the power to do, as he reminds us so often.

The public values its health care system highly. The Premier is doing irreparable harm to it. After today, the doctors, the hospitals and the patients of the province will not be the same, and neither will he.

What have we seen? For the first time in Ontario, after 360 days of the government having been given the job of protecting the finest health care system in the world, we have seen iron gates erected around the front of Queen's Park, the front of the parliament buildings. Why are they there? They are there to keep the doctors of this province from getting into this building during this debate. These barriers are erected against doctors at the very site on which the Premier was sworn in 360 days ago, pledging no walls and no barriers.

What we have is no hospitals, no emergency wards and no doctors. That is what he leaves for Ontario. The public of this province values its

system. It wants harmony, conciliation and tolerance; it wants mutual respect and keeping people together.

The Premier has made the point others have, that from time to time, particularly a year and a half ago, we may not have met all those criteria on Bill 30, but the Premier has fractured every one of the criteria. He has brought a fine health care system to its knees. There was no tolerance and no conciliation. He does not have the political maturity to stand down and say: "We need some time. It does not matter whether I am right or wrong. We just need some time." That is what the public wants from the Premier. That is what it demands from him today.

12:40 p.m.

This morning I heard the Treasurer (Mr. Nixon) cautioning the member for Ottawa Centre (Ms. Gigantes) against using extreme words to criticize the doctors of this province. I was appalled at the hypocrisy of any member of the government saying that.

The Minister of Health said on March 5, 1986, that doctors were living in an ideological time warp. He said they were practising toll-gate health care and that the elderly are robbed of their dignity. He said the doctors were making shrill and unfounded statements.

The Premier himself said, "All doctors who extra bill their patients are not necessarily good physicians," and he said of my great, brave, sensitive, caring colleague the member for York Mills (Miss Stephenson), "She is living proof that opted-out doctors have nothing to do with any particular form of expertise." He told the doctors of this province, "Frankly, it is irrelevant to me whether on the front lawn of Queen's Park there are 10 or 10,000 or 100,000."

Let us not have any lectures from the Treasurer about using tough, mean-spirited words in regard to the doctors, not to mention the words that were read out in the House this morning by my colleague the member for York Mills, words used by the Premier that greatly inflamed an already dangerous situation.

I say to the Premier this is not a time for celebration. I know at the end of this closure motion, when he will have been unable to rebut any of the myths he has been putting forward, his colleagues will applaud, smile and celebrate. With television going live out of this chamber, I remind him that as he celebrates today, there are thousands of patients watching him from their hospital beds. They do not know whether their doctors are there today. Thousands of people in emergency wards will see him on television

tonight celebrating and congratulating his colleagues on what they have done, while the patients have been unable to get medical care today. That is what he is going to celebrate at a few minutes after one o'clock this afternoon.

We know the Premier has the power. He reminds us all the time. The question is whether he has the good grace, the common sense and the maturity in this dangerous situation—and he cannot call this "inconvenience" any longer; he is dealing with a dangerous situation—to stand down and say that his political face is not as important as the health care system. Has he the good grace and the maturity and the judgement now to say that his determination to get his way is not as important as getting surgery conducted over the weekend and next week? Has he got that courage and good judgement? We know he has the power, but does he have the judgement and the maturity to exercise it?

We have fought only to get the Premier to put in a mediator. It may not work, but we know that the health care system is not working today. In 360 days, the Premier has dismantled and fractured a health care system. The wounds will not go away and the scars will never disappear. Somewhere during the next couple of weeks—I hope and pray I am wrong when I say we are looking down a telescope towards tragedy. The Premier has created this situation and only he can solve this problem.

I tell the Premier this is not an inconvenience. He is sitting on a powder keg. There is a loaded cannon out there which he insists on firing. It will be fired at one o'clock this afternoon. He has breached a public trust. Now is the time to try to heal it before the entire system fractures.

The public of this province does not want its Premier to play poker in a game where he has dealt the cards and required the other party to come to the table to play those cards, when the stakes are the people of this province. Their health care and their safety are the stakes with which he is playing poker. This is the ultimate test of maturity, the ultimate test of being able to govern, not exercise power. We know the Premier has the power. He tells us all the time. But does he have the maturity, the understanding and the skill to bring this to a happy resolution?

In closing, when the Premier says the strike will come to an end and all the strife will disappear, I believe he is dead wrong. However, I and my party, who have fought so valiantly and bravely, pray he is right.

Hon. Mr. Peterson: Mr. Speaker, I confess to you at the outset today that I take little joy in this

historic day. This assembly is going to put into place something I think is a great achievement but it is not a triumph. No decision this government has made has been more wrenching and it gives me no personal pleasure at all to see the turmoil and turbulence that has become part of our system in the past week or so.

It appears we are today at the end of one of the longest and fullest debates in this Legislature, certainly in my memory and perhaps even in the memory of my colleague the member for Brant-Oxford-Norfolk (Mr. Nixon). We have spent 38 days debating this bill, and since six o'clock last night we have added the equivalent of another six days of debate. Every single aspect of this bill has been discussed and considered by all members of this Legislature. Every single member has had an opportunity to express his or her views. We have heard a great deal of vocabulary, not only here but also outside the Legislature, that has been strong and sometimes, perhaps, exaggerated. We have heard charges and countercharges.

I do not believe this is the time to deal with those matters. This is an opportunity to reflect on what has happened and to reflect on the future as well. There were many discussions. I believe the committee had about 156 representations, and I could be wrong in that figure. Some people opposed the bill; some people were in favour of the bill. This issue has had public discussion, not only in this province but also nationally and in many of the other provinces. It is not a new issue; it is 20 years old. We in this party regard it as a logical extension of the principles to which other levels of government and, I suspect, all federal political parties are committed.

We sat down in good faith. My colleague the Minister of Health (Mr. Elston) sat down with the OMA for a long period of time and had many meetings, both formal and informal. They both conducted themselves in good faith. I was at some of those meetings, and they reached for a compromise. They were looking for a solution to the problem but, as sometimes happens in life, there was no compromise available in the circumstances.

12:50 p.m.

Now we have ended up with a difference of opinion, albeit a fundamental difference of opinion. I need not remind my colleagues opposite that this principle has been put into place in six of the other provinces—presumably, now seven—as well as the federal government. I also remind my colleagues opposite that we will be getting \$100 million back in penalties that

have been withheld from us by the federal government. That money will be going to the health care system which is so badly in need of those moneys.

Throughout this long debate there have been many issues discussed—not just the specific issue in this bill, but the wider concerns as well: questions of the doctor-patient relationship, questions of the role of physicians, where they will practise, how they will practise and those matters.

I want to assure you, Mr. Speaker, as I assure my friends opposite, this bill is only what it says it is. There is no hidden agenda. This government has no plans beyond this bill. We respect the right of the physicians to carry on and practise where they choose, how they choose and what they think best. We have no desire to stand between a doctor and his patient. That is not the intention of this bill, even though the discussion on the whole matter has ranged much wider than this bill. This bill will result in one fundamental change and that change is that there will be equally accessible, universal, quality medicine for everybody in this province regardless of income. That is all this bill does.

There are a number of important points that have been made. Those points bear review and bear looking at. Today I propose again to my colleagues opposite that we address some of the questions and concerns that have been raised by the physicians. Some months ago, Dr. John Evans, the highly respected former president of the University of Toronto, was prepared to look at these long-term problems in the health care delivery system, including consideration of the status and trends in health care and options for future arrangements. In addition to the traditional things we have talked about, I believe we should add on the questions of professional freedoms, how they should practise, how they want to practise.

The terms of reference of the Evans committee, the independent look at the system, should have input from the Ontario Medical Association with respect to the terms of reference as well as with respect to the results. They should have an ongoing role in that review of our health care system. I hope they will take advantage of this offer to join in addressing the problems on their minds as well as the long-term problems of health care delivery in this province.

Some will describe this bill as a victory. I would not describe it in any way as a victory. I believe it is a victory for the principle of equal access to quality medicine, but I believe it is a

defeat for no one. I recognize that the people who were opposed to this bill were well motivated. They were motivated by principle, but it happens in a democratic system that sometimes there are fundamental differences of opinion. It is only human to be angry when one's principles do not prevail. As one who has been in this Legislature for 10 years, and many of my colleagues have been here a long time, we have all fought those battles where we felt the principles were on our side, but ultimately we have to recognize the supremacy of this Legislature and take other avenues to fulfil our dreams or our hopes, or to advance our causes.

The OMA, which has fought this as a matter of commitment, a commitment I respect and I think I understand, will understand the political process that works in this province. I understand that in a press conference today the OMA has said it is going to launch a court challenge on Bill 94. I would say to you, Mr. Speaker, that is highly appropriate action in my view and I can assure you that we on this side will do everything we can to expedite that court challenge to prove to their satisfaction that the bill is constitutional.

Mr. O'Connor: That is not what the Attorney General (Mr. Scott) says.

Mr. Eves: Maybe the Attorney General can represent them. He agrees; or he used to.

Mr. Speaker: Order.

Hon. Mr. Peterson: All of us have a long-term responsibility to make sure quality care will be delivered to everyone. Personally, it has been the most difficult issue we have faced as a government. It will come as a surprise to some, but I hope not to many, that we are doing something we said we would do several months ago.

I believe the minister has advanced the cause in a sensitive, flexible and thoughtful way. It has been a difficult discussion but sometimes, as I said before, one cannot bend with every breeze like a straw in the wind. Here we are, today, with a fundamental difference of opinion between us and the medical profession.

It has been difficult for me personally. I have achieved no joy from this discussion. I think the same applies to everyone. It is a difficult situation, when serious people have violently conflicting points of view, to bring them together or to attempt to bring them together. But what the members have seen is the democratic process in action, working towards the end we think is constructive and will achieve the best results for the people of this province.

Mr. Shymko: What democratic process? Closure is called democracy?

Mr. Speaker: Order.

Hon. Mr. Peterson: When I speak for the people of the province, I believe it is our responsibility to speak for everyone. I think, in this discussion, we have done so.

That being said, I repeat that we have many matters that have to be addressed with the medical profession. I talked to Dr. Railton this morning. I told him we were prepared to sit down today, tomorrow, the next day, the day after, or at his pleasure, to discuss some of the wider issues, the questions of freedom of access, the questions of research—

Mr. Gillies: The Premier would not pick up the phone before, but now he will talk to them.

Mr. Speaker: Order.

Hon. Mr. Peterson: —the questions that have been raised by the medical profession, to attempt to work together to find the long-term solution to the problems that prevail.

As we come to the end, on this historic day, I think it is helpful, in the long term, that perhaps we forget some of the rhetoric that has been employed on all sides of this discussion. I have heard extreme statements on all sides. I have heard rhetoric, perhaps overblown. A vocabulary has been chosen that was perhaps not appropriate in the circumstances.

But that is behind us now. The question is the future. Even though my friends opposite would like to predict doom and gloom, even though my friends opposite view this matter differently, I believe that the professional responsibilities of the physicians will prevail as, indeed, the higher instincts of the members of this House will prevail as we work together to build a world-class health care system that everyone in the province can enjoy.

Mr. Grossman: How hypocritical. That is the greatest hypocrisy I have ever seen in this House.

Mr. Speaker: Order.

Hon. Mr. Peterson: That is a perfect example of some of the rhetoric that has been employed in this chamber which is not constructive in finding the solutions we all desire. I believe there are solutions. I believe they can be found. As we come to a conclusion, with some two minutes to go on this day, I would have to say that I believe it is a victory for democracy, a victory for people to have access to quality medical care. It is a defeat for no one.

Mr. Grossman: Your member is leaving. You are embarrassing him.

Mr. Speaker: Order.

1 p.m.

Hon. Mr. Peterson: May I say in conclusion to you, sir, to my friends opposite and to the medical profession, I recognize that many people disagree with this bill, as many people disagree with many of the bills the government brings forward in this Legislature. Some people who are watching agree, some do not agree and some are unsure. But we all believe in one thing: we have great admiration for our medical profession, we believe in the importance of its role and it is a role we will support.

With the leadership demonstrated by the OMA, as well as by members of this Legislature, I believe we can go on together to build a quality health care system. Even though we have had this difficult discussion—and it has happened in many other places in this country at many other times—the importance of the future is too great to be diminished by partisan concerns at the moment.

1:13 p.m.

The House divided on Hon. Mr. Elston's motion for third reading of Bill 94, which was agreed to on the following vote:

Ayes

Bossy, Bradley, Breaugh, Bryden, Callahan, Caplan, Charlton, Conway, Cooke, D. R., Cooke, D. S., Cordiano, Curling, Eakins, Elston, Epp, Ferraro, Fontaine, Foulds, Fulton, Gigantes, Grande, Grandmaitre, Grier, Hart, Hayes, Johnston, R. F., Kerrio, Keyes, Knight, Kwinter, Laughren, Lupusella;

Mackenzie, Mancini, Martel, McClellan, McGuigan, McKessock, Miller, G. I., Morin, Morin-Strom, Munro, Newman, Nixon, O'Neil, Offer, Peterson, Philip, Poirier, Polsinelli, Pouliot, Rae, Ramsay, Reville, Reyecraft, Riddell, Ruprecht, Scott, Smith, D. W., Smith, E. J., Sorbara, South, Swart, Sweeney, Van Horne, Ward, Warner, Wildman, Wrye.

Nays

Andrewes, Ashe, Baetz, Barlow, Bennett, Bernier, Brandt, Cousens, Cureatz, Davis, Dean, Eves, Fish, Gillies, Gordon, Gregory, Grossman, Guindon, Harris, Hennessy, Jackson, Johnson, J. M., Lane, Leluk, Marland, McCafrey, McCague, McFadden, McLean, Mitchell, O'Connor, Partington, Pierce, Pollock;

Rowe, Runciman, Sheppard, Shymko, Stephenson, B. M., Sterling, Stevenson, K. R., Taylor, Timbrell, Treleaven, Turner, Vileuneuve, Wiseman.

Ayes 69; nays 47.

The Honourable the Lieutenant Governor of Ontario entered the chamber of the Legislative Assembly and took his seat upon the throne.

ROYAL ASSENT

Hon. Mr. Alexander: Pray be seated.

Mr. Speaker: May it please Your Honour, the Legislative Assembly of the province has, at its present sittings thereof, passed certain bills to which, in the name of and on behalf of the said Legislative Assembly, I respectfully request Your Honour's assent.

Assistant Clerk: The following are the titles of the bills to which Your Honour's assent is prayed:

Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Bill Pr18, An Act respecting the Ontario Bible College and Ontario Theological Seminary.

Bill Pr31, An Act respecting the Brantford General Hospital.

Bill Pr42, An Act respecting the Waterloo-Guelph Regional Airport.

Bill Pr50, An Act respecting Renfrew Victoria Hospital.

Clerk of the House: In Her Majesty's name, the Honourable the Lieutenant Governor doth assent to these bills.

The Honourable the Lieutenant Governor was pleased to retire from the chamber.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I want to indicate the business of the House for the coming week. On the afternoons of Monday, June 23; Tuesday, June 24; Wednesday, June 25, and Thursday, June 26, we will deal with the following items, as time permits:

Committee of the whole House and third reading of Bill 30, Education Amendment Act; interim supply motion, and the standing committee on the Ombudsman, report 14; second reading and committee of the whole, as required, of Bill 43, Shoreline Property Assistance Act; Bill 79, Municipal Amendment Act; Bill 11, Protection of Rental Housing Act; Bill 76, English and Wabigoon River Systems Mercury Contamination Settlement Agreement Act, and second reading of Bill 51, Residential Rent Regulation Act, and Bill 105, Public Service Pay Equity Act.

On Thursday morning, June 26, private members' business standing in the names of the member for Oakville (Mr. O'Connor) and the member for Lake Nipigon (Mr. Pouliot) will be taken into consideration.

The House adjourned at 1:28 p.m.

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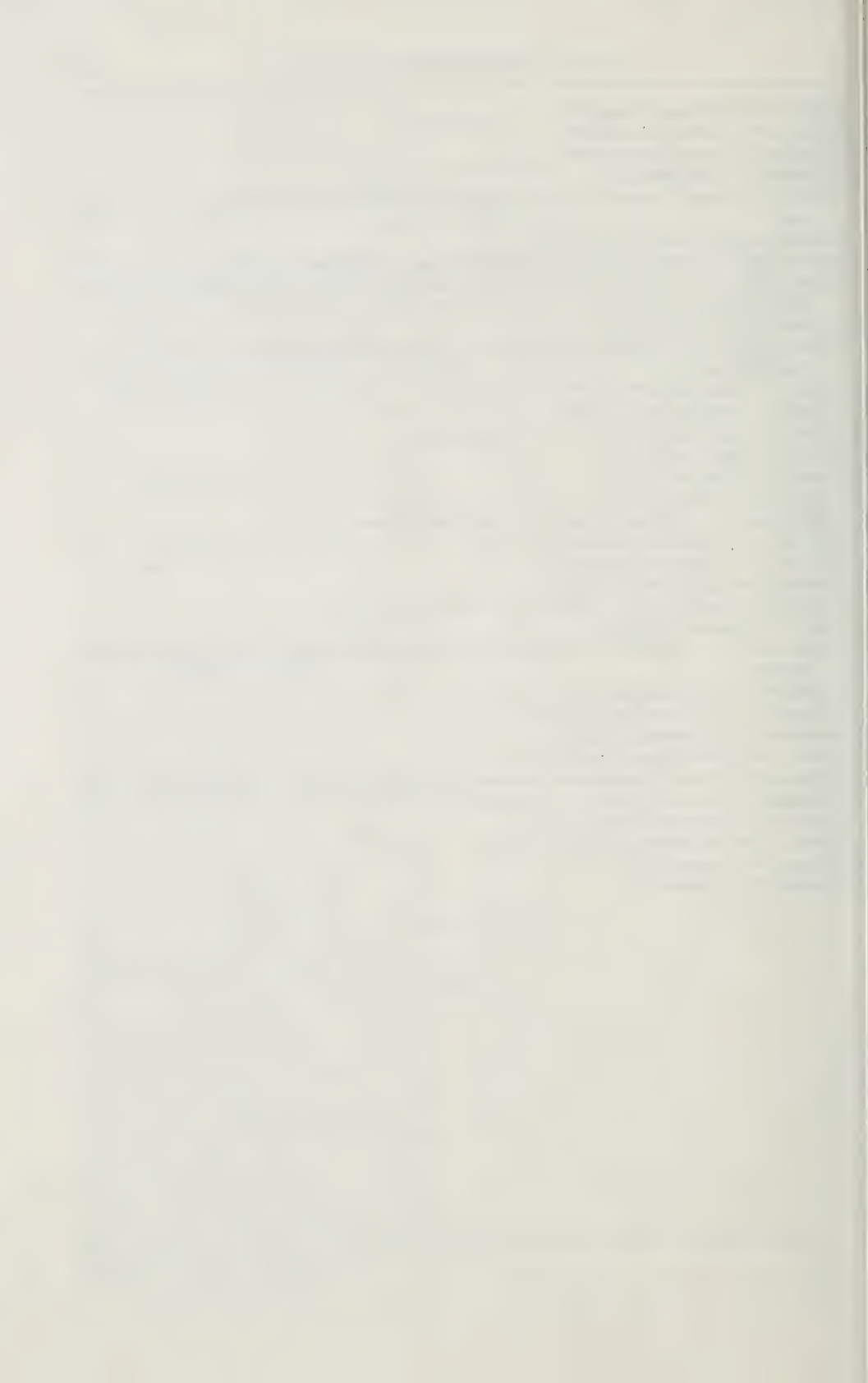
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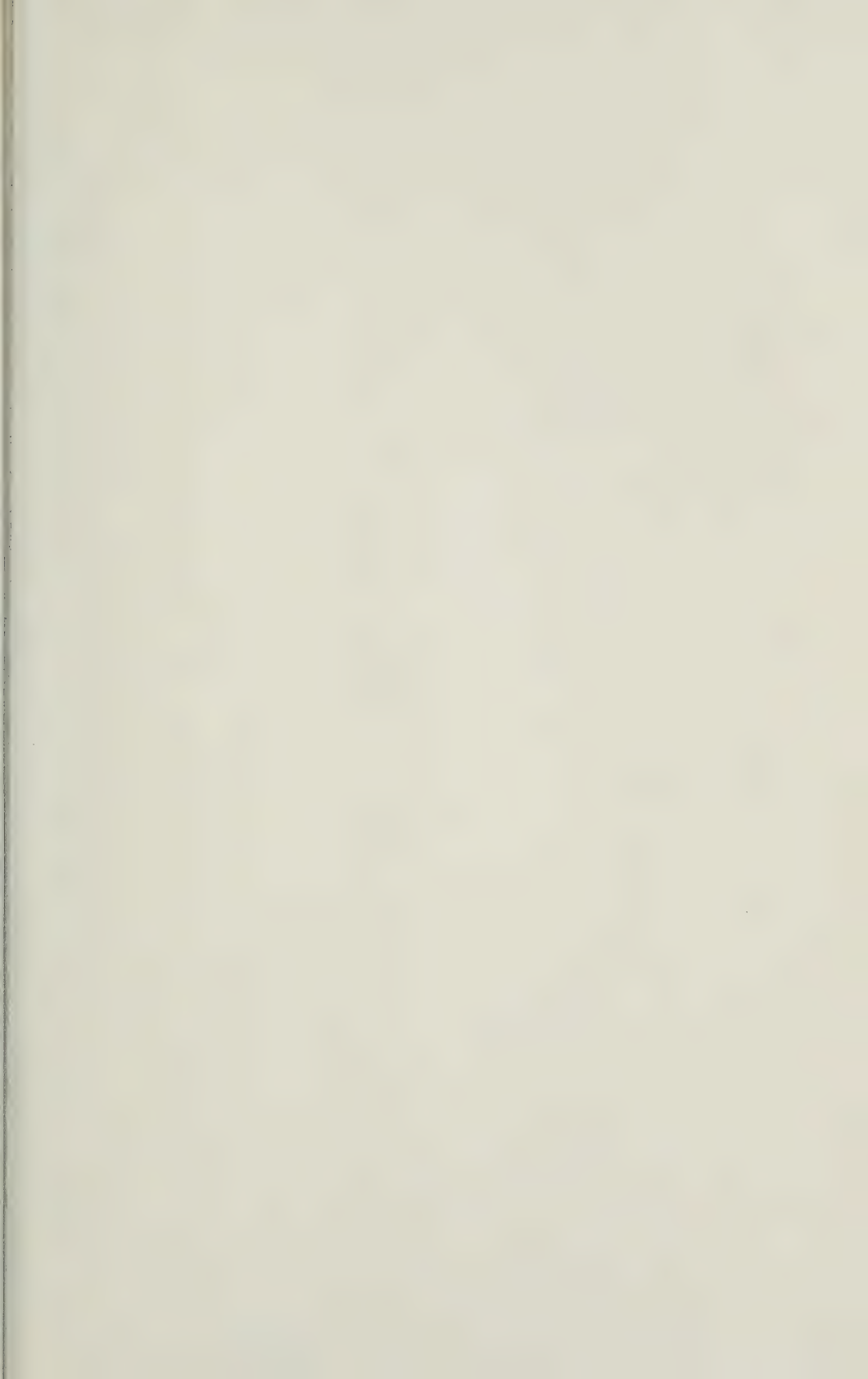
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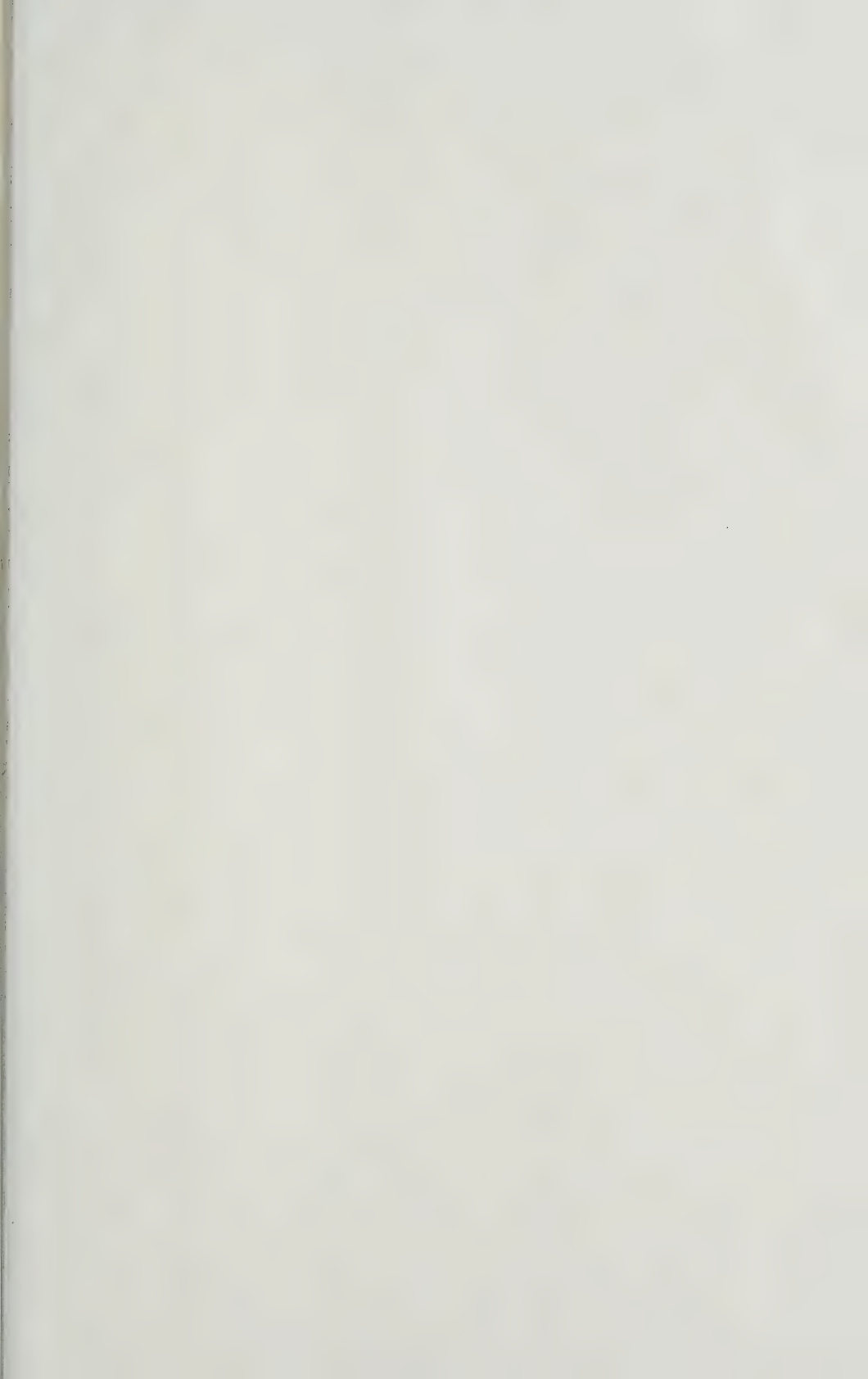
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